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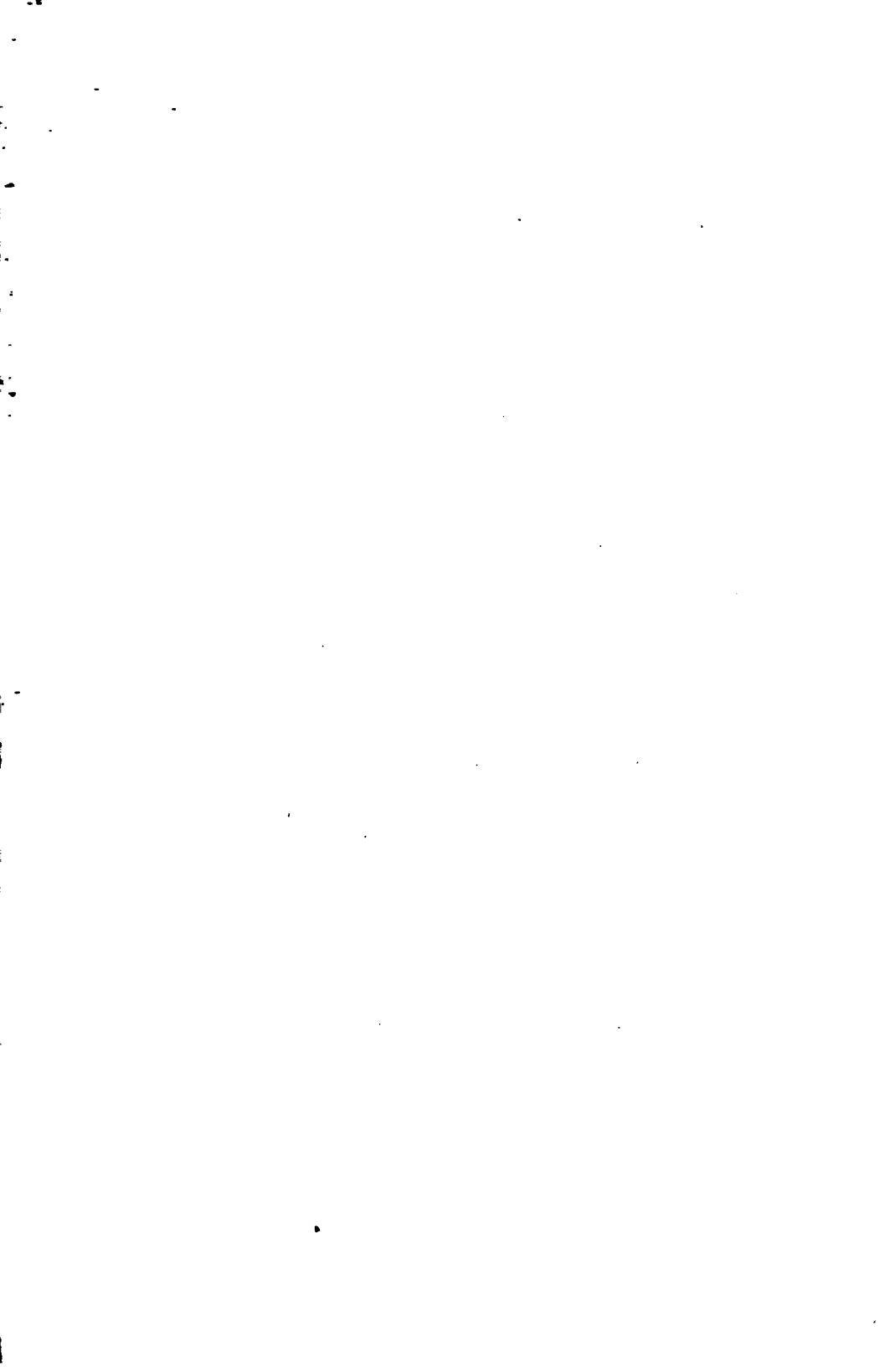
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THE
NEW ENGLAND
MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE.



"Die milde Macht ist gross."

VOLUME XXIII.

BOSTON:
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1888.

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4/5/59

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EDITORIAL.

VOL. XXIII.

It is doubtless owing to the fact that the GAZETTE can boast so many able physicians among its friends and advisers, that its health, on the occasion of making its twenty-third annual bow, is so exceedingly satisfactory. Never — would it say, with a grateful glance in the direction of its kindly medical advisers aforementioned — was it conscious of standing more firmly on its feet, in the strength and stimulation of the appreciation and success which are the conditions of a journal's life. Having in mind the well-filled columns of its subscription-list, and the well-filled pigeon-holes whence peep forth to gladden its heart so many letters breathing good wishes and good-will, the GAZETTE's first word for the New Year should be, and is, one of gratitude and of self-congratulation.

But the GAZETTE has a second New Year's word to say, and that word is a stern appeal to the Remiss Contributor. And the Remiss Contributor is, in the eye of the GAZETTE, a collective noun of vast proportions: stretching, as the old war-song used to say, "from Mississippi's winding stream to brave New England's shore," but more particularly dwelling on "brave New England's shore," and so especially reprehensible for being remiss in his duties to his representative periodical. How many, we wonder, now glancing at this initial page of Vol. XXIII., must count themselves, viewed from this standpoint, as

"little better than one of the wicked!" They tell down South, of a negro preacher who launched from his pulpit a terrible diatribe against chicken-stealing, and ended by saying that he was about to hurl a hymn-book at the head of a member of his congregation whom he knew to have been lately guilty of that misdemeanor. The legend says that every head in the congregation was promptly ducked. If the GAZETTE could materialize its wrath at the Remiss Contributor, and hurl it into space, how many readers' heads would at the present juncture be conscience-strickenly ducked?

And why, beloved brethren, does this state of things obtain? It is true we owe duties to our households, to keep boiling the *pot au feu*, and duties to our patients, to give much time to the faithful study of their ills; but also it is true that we owe practical and real duties to the profession in which we have voluntarily enrolled ourselves as members. We are bound not only to profit by its growing wisdom, but to ourselves assist, *tant soit peu*, at the growth of that wisdom: not to continually absorb, but sometimes to give forth. It is not necessary that we should invent new instruments, discover new remedies, or treat a case unique in medical annals, to have the right to journalistically lift up our voices. The patient and exact re-proving of old remedies; the tabulated statistics of cases of every-day maladies in which certain therapeutic agents have seemed to act successfully or — not less valuable a fact — have failed to act successfully: such work as this is at the very root and foundation of sound medical wisdom, and such work as this every physician in the land is capable of doing, and is bound in some measure to do. It may be said, that many physicians who have given time to just such work have not the time to clothe their reports in such scholarly and well-turned phrase as is supposed, — quite theoretically — to be alone acceptable to the columns of the press. Grand old Father Taylor, after losing his way, sometimes, in an especially fervid burst of eloquence, would say, "Brethren, I've lost my nominative case, but I'm bound for the Kingdom of Heaven!" Now, that a physician bound to share with his brethren the results of his work, should occasionally lose his nominative case, is a loss insignificant indeed, compared to that of the profession, who, through his

literary timidity, loses his report altogether; and his duty is therefore clear. We trust that the GAZETTE'S appeal will not fall wholly fruitless, but that the index of its Vol. XXIII. may reckon among its names, those of many whose consciences will no longer allow them to remain Remiss Contributors.

But when all is said, we bear the Remiss Contributor no ill-will. With all his faults we love him still: no, on second thoughts, we do not love him "still" — we prefer him communicative: hence the above remarks.

And so to him, and to all its friends far and near, the GAZETTE extends its warmest wishes for a HAPPY NEW YEAR.

EDITORIAL NOTES AND COMMENTS.

THE HOMELY PROVERB THAT WHAT IS SAUCE FOR THE GOOSE IS — or should be — sauce for the gander, finds, like most of its kind, ample illustration in literature and in life. Every one remembers, for instance, the case of Dennis the Hangman, in "Barnaby Rudge," how that worthy was wont to portray the process of strangulation, or, in his professional phrase, of "working off," as being, when enjoyed under his superintendence, rather a luxury than otherwise; and to point the finger of scorn at such ill-bred criminals as manifested the least unwillingness to undergo it. But when circumstances brought him in his turn under the gallows-tree, his ideas on the subject of hanging underwent a sudden revolution, and his own wailings more than matched those he had been wont to mock at. So much for an instance from literature; and for an instance from life, to which homœopathists can see a very keen point, it is only necessary to turn to the "Boston Medical and Surgical Journal," issue of Nov. 24, p. 514. What is there found, as it is not lengthy, we here reproduce in full, that we may not be, however unconsciously, guilty of misrepresenting its sense or its diction in an attempt at condensation or paraphrase. Under the caption, "The New Massachusetts Act concerning Commitments and Transfers of the Insane," the "Journal" says, —

"At the close of the last session of the Massachusetts Legislature, a bill was passed which seems worthy of more consideration than was given to it

by the body which passed it. We refer to the 'Act concerning Commitments and Transfers of the Insane.' This Act provides, in the first place, that on and after the first day of July, 1887, each State Lunatic Hospital shall receive patients only from a certain district surrounding that hospital, the State outside of Suffolk County being divided into four districts. These districts, however, are arranged so as to take in the four older hospitals, Danvers, Taunton, Worcester, and Northampton, and patients from any of these districts may, if they choose, be sent to the new hospital at Westborough,—an arrangement which would seem to be reasonably simple and satisfactory. The Suffolk County insane, however, are excepted from this provision. They 'may be committed alternately and in equal numbers to the State Lunatic Hospitals at Danvers, Taunton, Worcester, the Westborough Insane Hospital, and the Boston Lunatic Hospital at South Boston; omitting from the enumeration such insane persons as, upon request of their friends, shall be sent to the Westborough Insane Hospital, the McLean Asylum, or any duly authorized private asylum.' Further provisions exempt patients who are able to pay, from the provisions of this Act, and put discretionary power as to its enforcement into the hands of the State Board of Lunacy and Charity.

"The chief argument—and one which, to the ordinary mind, had a show of fairness, in behalf of the establishment of a special hospital for the insane under homœopathic management—was that it was no more than right that the insane patient might be treated, if he or his friends chose, by physicians of the homœopathic school. Therefore, the hospital at Westborough was established, and provision was made for furnishing homœopathic treatment to such insane patients as desired it,—a provision which has been maintained in the Act under discussion. The pauper insane in Suffolk County, however, are placed in a curious position by this Act. If they desire homœopathic treatment at Westborough, they are privileged to claim it; but, if they object to homœopathic treatment, they must take pains to become insane during the terms assigned to the other hospitals, for, if they fall insane during the term assigned to Westborough, they have no choice but to be sent there and receive homœopathic treatment. Moreover, in spite of the great overcrowding of the Boston Lunatic Hospital, it must receive its quota of one-fifth of the Suffolk County insane in the year, which at present is impossible.

"We do not know whether this Act was framed with deliberation or in ignorance. It was certainly hurried through the Legislature at the close of the session, without due deliberation. By its provisions four-fifths of the Suffolk County insane have the privilege of choice between regular and homœopathic treatment in the hospitals. What justice or what fairness there is in excluding the other fifth from such a privilege, and in sending them to Westborough whether they wish or not, is known only to the framers of the Act. To the ordinary mind it does not seem to be either just or right, and certainly, if any class of the insane deserve fair treatment, it is the unhappy class in whom poverty is added to their disease."

We would ask our allopathic friends, and we would ask the great public to whose sense of justice the final appeal of allopath and homœopath must alike be made, to seriously consider the force of the above complaint and the grounds on which it rests. And first, before assuming as assured, the facts of the "Journal's" grievance, such as it is, we would ask that esteemed contemporary what interpretation it places on the concluding words of its first paragraph; viz., "Further provisions . . . put discretionary power as to the enforcement of this Act, into the hands of the State Board of Lunacy and Charity." What does this mean, but that the Board has discretionary power to grant any patient unwillingly consigned to homœopathic care, a transfer to the care of allopathy? Does any one seriously question that the Board would thus act, as a matter of course, if requested to do so? And in this case, what becomes of the grievance of the "Journal," if it does not, like Macbeth's witches, "make itself air"? But even taking for granted the correctness of the facts as stated, the cry of "injustice" and "unfair treatment" is here clamorously raised, because there is a possibility that, among the one-fifth of the whole number of the insane poor of Suffolk County who are assigned by law to Westborough Asylum, there may be certain individuals who would prefer to find themselves under allopathic care, and are denied the liberty of choice. On behalf of these purely suppositional individuals, — not one of whom is named or instanced by the "Journal," and who, their existence granted, constitute the most inappreciable minority of the insane poor of the State, — the "Journal" lifts up its philanthropic voice, as for "the unhappy class in whom poverty is added to their disease." In admitting, and more, insisting on the right of even the smallest minority of the sick poor, to choose whether they will be treated allopathically or homœopathically, what does the "Journal" admit? What, but the glaring, flagrant, undemocratic injustice of forcing the sick poor, not insane, of Boston and of Massachusetts, to receive allopathic treatment or none? Since when has the "Journal" and the party it voices undergone this change of heart? Assuredly, since a year ago its influence, its bigotry, and its fear of clinical comparisons set aside the demand of six thousand tax-paying citizens of Boston

that homœopathy should have representation in our public hospitals, and the poor thereto applying for medical aid should be given the choice of its treatment! Is what the "Journal" claims to be injustice to a few as yet purely imaginary protestants among the insane poor, unjust or no to the existing, outcrying, and readily namable and producible, sick but rational poor, who ask for one method of treatment, and are forced to undergo another? When this question is agitated once more, —as agitated it will be, and that strenuously, until it is justly settled,—will the "Journal" admit the same plea and on the same ground, when made for a vastly larger number of the "unhappy class" it here eloquently defends?

THE "DON'TS" OF MEDICAL PRACTICE, given elsewhere in our present issue by a valued contributor, might well be supplemented, in the imaginary volume cleverly suggested by him, with a chapter on the "Don'ts" of medical ethics. To this chapter we feel sure that every physician who has at some time suffered from the ethical "sins, negligences, and ignorances" of his fellow-practitioners would have a paragraph or two to add. Pending the compilation of this unique volume, we feel moved to record the few suggestions following, which would emphatically be among our own contributions to it.

DON'T habitually darken the diagnosis and prognosis of a case committed to your care, for the sake of the greater glory that may accrue to you for bringing a nominally serious trouble to a successful termination. Don't, for instance, call an ulcerated throat diphtheria, and report it to your medical society as a case of that dread disease cured by the remedy of your choice. To be sure, the rumor that Dr. Munchausen has successfully treated so many cases of diphtheria in a single season, —cases in which the doctor assured the family that he considered the outlook *ve-ry* doubtful,—will redound temporarily to the doctor's reputation, more than will the quietly cheerful treatment of an equal number of cases of simple sore throat, which don't get reported at all. But in the long last, you will find it better worth while to win the respect of your professional colleagues as an honest and skilful diagnostician, and the affectionate con

fidence of your sick, who have a moral right to every ray of good cheer you can conscientiously give them.

Don't backbite your professional colleagues. If you have good reason, personal or professional, to stand at odds with any one of them, let your quarrel with him be of that candid and manly sort of which he himself hears the first and the worst. Don't take occasion in his absence, when his name is mentioned, to indulge in the smile, the shrug, the *demi-mot* which "damns with faint praise." Remember that as far as professional reputation with the laity goes, you are in a very real sense your brother's keeper; and see that he has no reason to complain of the way your trust is kept.

Don't fail to remember that when called in consultation you owe something to the attending physician who has paid you the compliment of calling you, as well as to your own dignity. You owe it to him to approve, in conversation with the patient's family, his treatment in every point in which it can be approved, and to mention to him, and to him alone, any points on which you may differ from it. Take to heart that pleasant story of one of the greatest of English physicians, who was called to consult with a young practitioner of scant experience. The latter had been administering brandy to the patient at short intervals. The eminent consultant, after examination of the case, recommended giving another teaspoonful of brandy, pending their taking counsel together as to future treatment. Once alone with his young *confrère*, he convinced him, by careful explanation, that the brandy had been given on a mistaken diagnosis, and was useless, if not absolutely mischievous. "But why then did you direct the giving of another teaspoonful?" asked the surprised junior. "Because," was the sweetly courteous answer, "there is always the reputation of the profession to be considered. A teaspoonful more could do no harm: and if I had condemned its administration, and so advertised our lack of agreement, would it not have weakened their confidence in both of us?"

Don't have two sets of manners, one for the rich, and another for the poor. This is not to say, use the same forms of speech with everybody; for that is as senseless as for a carpenter to use the same force in driving a nail through a lath as through a

four-inch plank. Only do not confuse sensitiveness of mind with plumpness of purse, and "soften and sleeken" your words on a pecuniary sliding scale. Remember you are bound to tell the rich sinner his sins, in so far as his sins bear etiological relation to the troubles he calls upon you to treat; and you are bound to meet the delicate with delicacy, in however poor habiliments it may present itself. A physician who feels that he may leave his courtesy at home when it is useless to take a receipted bill in his pocket, belongs in the veneered and machine-made department of medical furniture. Of the physician as little as of the priest should it ever be said, —

"Plate sin with gold, and the strong lance of justice hurtless breaks:
Arm it in rags, a pygmy's straw doth pierce it."

DON'T imagine that a cheap scepticism, or an airy familiarity with the mysteries of life and death, will help you to pass as one scientific above his fellows. Hope in the unknown is not incompatible with honest facing and acceptance of the known. The assisting at a thousand births will give you no hint of the mysteries of the origin of life; the performance of a hundred necropsies will never make death your confidant, that he should make clear to you his awful secret; and any assumption of levity in these high presences will mark you not the peer of kings, but their fool and jester.

DON'T imagine there is any shorter way to a worthy and permanent success, than by deserving it.

A NEW DEPARTURE IN PHARMACEUTICS, and one that promises to be of very practical interest to physicians, is the preparation of distilled extracts of certain plants, to replace, for external use, the tinctures of these plants as now employed. It is known that the ordinary tinctures of arnica, calendula, and the like, are in a certain sense complex solutions; for they contain not only the active essential principle of the plants from which they are prepared, but also several extraneous substances, such as wax, resin, gum, salts, coloring matter, etc. None of these substances add to the medicinal efficacy of the plant-principle: it may even be that they weaken it; and a distilled extract which does

away with them, and leaves the active essence to work its good effects, unmixed and unimpeded, is therefore a pharmaceutical article of great value. The preparation of such is a step in the same direction as that, for internal use, of alkaloids rather than the whole tinctures once in vogue: morphine for opium, strychnine for nux vomica, quinine for "bark," etc. Another point of great interest is the minimum quantity of alcohol used in the preparation of these distilled extracts; fifteen per cent or so, as against the forty-five or fifty per cent considered necessary for the preservation of the tinctures. So small a quantity of alcohol only being used, gives scope for just experiment as to the curative qualities of arnica, calendula, and other principles which have been accused, by their opponents, of being valueless in themselves, and only efficacious as a dressing for cuts, bruises, etc., by reason of the alcohol with which they have hitherto been so freely combined. The absence of coloring matter, again, argues in their favor; since staining, often so serious an objection to liquids for external application, is not to be feared from their employment. Finally, we are assured that the new preparations, desirable above the old in all the respects above mentioned, are also cheaper than the old. Of course, use and experiment alone can determine if these distilled extracts are capable of fulfilling their promise; but their claim to such experiment, at least, is valid and assured. Arnica, calendula, hamamelis, and others are already in the market; and it is to be hoped that physicians, and more especially surgeons, will speedily put them to the test, and candidly report results.

THE BURIAL ALIVE of a human being, while in a condition exactly simulating death, and his subsequent resuscitation, only to die among all the conditions that make death most appalling, is one of the horrors which the human mind most shrinks from contemplating. It is a horror to which, however, thanks to a newspaper item, a historical reference, or some such pathological chapter of romance as Poe's "Fall of the House of Usher," few of us have escaped paying, first or last, the tribute of a shudder. It is well known to physicians that such a fear, dor-

ment in and comparatively harmless to the healthy mind, may be a source of very real mental agony and physical injury to patients in certain neurasthenic conditions, and notably those who know themselves to have been afflicted with any thing like a trance state. Therefore, physicians may well thank Dr. Alfred Drysdale of Cannes, France, for his excellent little paper on "Sleep Counterfeiting Death," which appears in the December issue of the "*American Homœopathist*." In this paper Dr. Drysdale expresses his assured conviction, that, all the supposed testimony to the contrary notwithstanding, no well-authenticated case of living burial stands on record. He makes an exception in such possible cases as that of the soldier supposed to have died of cholera in Egypt, and hastily thrust into a shallow grave in the hot sands, the warmth of which, acting favorably on the collapse which had simulated death, so far revived him that he was able to emerge from his loosely made sandy bed, and in time to follow and rejoin his regiment. Such circumstances as these are, however, as Dr. Drysdale justly points out, too entirely exceptional to affect the question as ordinarily presented. Most of the dreadful legends referred to rest as foundation upon the fact of bodies, upon exhumation a longer or shorter time after burial, being found strangely contorted, as though from struggles, voluntary or involuntary, in the burial-casket. Dr. Drysdale, apropos of this, says :—

"The extraordinary positions in which corpses have been found may be explained. . . . It is now well known, that, owing to contractions of the muscles after death, corpses frequently perform very extraordinary movements. In parts of Germany it is the custom to obviate the risk of live burial by keeping the corpses laid out in beds in mortuary chambers till signs of putrefaction have come on. In order to give warning, should any of them come to life, strings communicating with bells are attached to their arms. These bells are constantly ringing, but no supposed corpse has ever yet come to life. The ringing of the bells is produced entirely by muscular movements taking place in the corpses. These are, moreover, frequently found in very extraordinary positions, which it is difficult to understand how they can ever have got into. . . .

"When we reflect how very low the vitality must be in a person in whom no sign of life can be detected, it will be at once clear, that, even were such alive at the time of burial, the feeble spark of life would speedily be extinguished if interred, and thus removed from all access of air."

Armed with these facts, and with the well-founded conviction they justify, the physician may, once in his career at least, be able, with a few well-chosen words, to banish a fear which is weighing heavily down the dark side of a balance which is sensitively trembling between sanity and madness, between life and death.

COMMUNICATIONS.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

THE cases detailed in recent issues of the GAZETTE are a fair average of my successful cases, and I think that the same may be said of the valuable series for which we are indebted to Dr. Herbert Nankivell of Bournemouth, Eng.

At present I have but two cases under treatment. The first is a certain Mrs. C. Y., a married lady, aged thirty-one, residing in a healthful village in the Eastern Townships, in this Province (Quebec). She has always been inclined to pulmonary disease, and her thin lanky figure, with flat chest, and delicate look, do not give promise of long life. But, though she has expectorated vast quantities of blood-streaked purulent matter, with repeated hemorrhages, and great prostration, she is still alive, with a better chance of living than when I saw her six years ago. She has never taken any other remedy from me but the iodide of arsenic, usually in the fifth decimal trituration.

The only other case I have under treatment at present is Y. E., a retired soldier of the British army, now working as a harness-maker in this city. He came to me in February, 1885, and has had a very checkered experience, largely owing to his own waywardness, which prevented him from persevering in the treatment. He has had copious muco-purulent expectoration, mingled with a fetid and bloody sanies and diversified with hemorrhages, and yet I feel sure of ultimate success. But so much depends on the patient that I cannot feel so absolutely certain as I would if the patient were more docile.

But there are groups of cases of phthisis in which this remedy is of but little or no value, and we are indebted to Dr. Herbert Nankivell for the following highly instructive series:—

Pneumo-hemorrhagic Phthisis.—In one case of this character, a lady in whom the general health was well maintained, and the physical signs were limited to comparative dulness and

crepitation of the anterior portion of the left lung, the preparations of *arsen.* did no good. The case had become chronic, with very slight hæmoptoe two or three times in the year; slight cough in the morning, with expectoration of one or two yellow mucous lumps; pulse below 70, hands generally damp. The preparations of lime proved more suitable. (HERBERT NANKIVELL, M.D.)

Progressive Pneumonic Phthisis. — A lady, aged thirty. There was a small contracting cavity in the right apex, and rough, harsh respiration in the left apex, with dulness in left supra-scapular region. In November, 1870, the *ars.* was given with very good effect at first in checking the deposit in the left lung; but as the winter progressed the disease advanced, every catamenial period being marked by pleurisy of greater or lesser extent on the affected side. The friction sounds after the course of two or three days yielded to crepitation; and though the *arsen.* was, on several occasions, useful in "pulling up" the freshly affected portions, the regular recurrence of these attacks was not prevented, and ten months after the case terminated, diarrhœa from intestinal ulceration having occurred. (HERBERT NANKIVELL, M.D.)

Advanced Phthisis. — This case was a lady, aged forty, who had been ill for three years before I saw her, and had a large cavity in each apex. The dryness of the cavities afforded some hope; but the extreme emaciation and weakness, with increasing dyspnœa, and shooting pains in the bases of the lung, were all but conclusive proof of "break up," with probable secondary deposit of miliary tubercle. *Arsenic* failed to do any good to the lungs, though, alternated with *naja*, it for a time afforded relief to the dyspnœa by strengthening the heart. (HERBERT NANKIVELL, M.D.)

Tubercular Phthisis. — This was a youth, aged seventeen, inheriting a tendency to hemorrhagic phthisis; the case was marked by a pale earthy complexion, torpor of mind and body, softening deposits in both apices, profuse night sweats, progressive emaciation, and a pulse of 70 in the morning, rising to 120 or 130 in the evening. *Arsenic* had a fair trial, and so had many other remedies, but no good was done; an obstinate persistence in an evil habit defeating all hygienic and therapeutical means. (HERBERT NANKIVELL, M.D.)

The present writer has had fatal cases under the use of this remedy, and the following represent the average of these cases: —

On May 19, 1887, I went to see Miss L. McL., aged thirty-two. I found a woman of powerful, indeed almost masculine, frame, with broad shoulders and large limbs, evidently intended

to live. She gave me a history of pulmonary catarrh, dating back to October, 1886, maltreated by a veteran allopathic practitioner, or rather wholly misunderstood by him. She then tried another allopath, an enlightened man, who gave her rational treatment, which, however, failed to arrest the progress of the disease. Then, in utter desperation she tried homœopathy. Now she had hectic fever, with constant pains in the lungs, — pains which came and went; hurried respiration, with dyspnœa on exertion; cough with profuse muco-purulent expectoration of a greenish color; occasional hemorrhages of comparatively small quantities of bright blood; no appetite; great emaciation; percussion sound dull all over both apices, and the dulness extended its area almost from day to day; cavernous respiration, accompanied by a metallic sound, and a decided click at the end of inspiration; temperature in the evening ranged from 102° to 103°. I gave an unfavorable prognosis, as the disease was evidently *chronic tuberculosis*; but the patient steadily improved, till on July 4 she went to the country to avoid the intense heat of the town. I heard from her on July 16, and she was steadily "getting better," to use her own phrase, but on the morning of July 19 she had a profuse hemorrhage, and died within an hour. (THOMAS NICHOL, M.D.)

I first saw Miss B. A., aged twenty-three, on Jan. 14, 1886, and found that she had been ill for several years with what two good practitioners diagnosed to be chronic tuberculosis. She was very weak, very thin, and had hectic fever every night, followed by copious night sweats. Several alarming hemorrhages had taken place, and the purulent expectoration was almost always blood-streaked. I need not go into particulars of the physical diagnosis. Suffice it to say that she had all the signs of a very large cavity in the upper part of the right lung.

I gave an unfavorable prognosis, and *ars. iod.*, fourth decimal trituration, in somewhat massive doses, that is, a powder, dry on the tongue, four times each day. Almost immediately she began to improve. The hectic diminished, the night sweats disappeared; the cough was ameliorated; strength and a certain amount of plumpness returned; and in summer she went to the country with marked benefit. The amendment continued all through the long and severe winter of 1886-87, and when spring came, she felt so well that I was importuned to give a favorable prognosis. This I declined to do, as I felt certain of the diagnosis of chronic tuberculosis. All through last summer she continued to do well, but the physical signs of the cavity in the right lung still continued.

Finally, on Sunday, Oct. 16 last, she got ready to attend a religious meeting, when she was suddenly attacked with a fit of

coughing, ending in hemorrhage from the lungs, which caused death in three minutes. (THOMAS NICHOL, M.D.)

I first saw I. M., aged twenty-two, on Sept. 11, 1886. He was living in a remote part of this province, and came of a family in which phthisis is hereditary. He was far gone, and presented indubitable evidences of cavities in both lungs. He was very much emaciated, had a wasting fever, no appetite, and a constant cough with blood-streaked purulent expectoration. I gave an unfavorable prognosis, but thought that his sufferings might be alleviated. So I put him on *ars. iod.*, fourth decimal trituration, which did much for him in making him more comfortable, and in delaying the inevitable end. Owing to the great distance from Montreal (400 miles), his treatment was conducted by correspondence; and I did not see him again till Aug. 10, 1887, when I saw at a glance that the end was at hand. He died Oct. 18.

[*To be continued.*]

DON'T—MEDICALLY SPEAKING.

BY B. H. CHENEY, M.D., NEW HAVEN, CONN.

THE little manual of etiquette known as "Don't" suggests that something similar in the way of admonitory maxims might be of service to the young medical man, by reminding him of certain dangers likely to occur in ordinary every-day practice. For instance,—

DON'T mistake iritis for conjunctivitis, and think you have only an ordinary case of ophthalmia. To have as results, adhesion of the iris to the crystalline lens, contracted pupil, and subsequent iridectomy, will not be pleasant for your patient or yourself.

DON'T decide, in a case of suspected disease of the kidney, that the absence of dropsy, and of albumen in the urine, disproves the existence of Bright's disease. Study the symptoms of granular (red), contracted kidney, and confirm your diagnosis by the microscope. This is important for prognosis, if not for treatment.

DON'T, on the other hand, conclude that albuminuria, even if persistent, necessarily means organic disease of the kidney. Certain kinds of diet, exposure to cold and wet, muscular exertion, and sometimes constitutional dyscrasie, may produce the condition. Repeated examination of the urine will decide the question in transient cases, while the absence of tube-casts and of heart disturbance may allay the fears caused

by the more doubtful and grave variety of persistent albuminuria.¹

DON'T forget that gradual impairment of vision without pain is very possibly due to retinitis, and that the majority of such cases are indicative of pre-existing Bright's disease, of which, however, it may be the first-noticed symptom. The ophthalmoscope, examining the urine both chemically and microscopically, together with the concomitant symptoms, must decide. As nephritic retinitis oftener accompanies the granular contracted kidney than any other form of Bright's disease, and as albumen is often absent in this form, the chemical test alone is not sufficient.

DON'T confound involuntary micturition with incontinence of urine. The former generally indicates retention of urine, and it is well to examine the region of the bladder to find if it does not need relief by the catheter.

DON'T mistake acute miliary tuberculosis for typhoid-fever. The former disease is of comparatively rare occurrence; but there is such a condition, and you may have a case at any time.

DON'T omit to examine the ears with the speculum in all cases of impaired hearing, tinnitus, etc., to see if the trouble may not be caused by impacted cerumen, or some local condition of the external meatus. This may seem unnecessary advice, but hundreds of such cases have been treated from week to week and from month to month without an examination having been made. The result is sometimes chagrin and discomfiture.

DON'T neglect in a case of vomiting, accompanied by abdominal pain and obstinate constipation, to inquire and examine as to the possible existence or occurrence of rupture. To treat such a case vainly for one, two, or more days, and then find a strangulated hernia, is not satisfactory.

DON'T conclude that a putrid discharge from the womb, even though accompanied by a morbid growth, necessarily proves the existence of uterine cancer. A sloughing fibroid, or a dead polypus, may easily deceive, especially if the latter, partially expelled, is so tightly grasped at the cervix that its pedicle is not apparent. It is well to be as sure as the most careful and extended examination can make you, before giving an absolutely hopeless prognosis.

DON'T neglect to take every antiseptic precaution as regards your hands, instruments, etc., in all surgical and obstetrical operations. But, in this connection, —

DON'T forget that the ordinary solution of corrosive sublimate, 1 : 1000, has proved not only dangerous but fatal at the time of

¹ See, on this subject, article by Grainger Stewart in *American Journal of Medical Science* for January, 1887.

parturition, and that where a great extent of absorbent surface is exposed, it must be used with great caution, if at all.

The above are offered as mere specimen suggestions. The list can be extended to make quite a little volume. In it, of course, is no place for the expression of individual opinion as to pathology, treatment, or any thing else. The list should include only acknowledged facts. To many, facts of this sort may seem elementary and trite, but experience shows that their repetition is not wholly needless.

Addendum. — Since the above was written, several cases have been reported of death after delivery, in which there could be no doubt that the fatal result was due to the action of too strong a solution of the bichloride of mercury. There was no evidence whatever of septic poisoning, or any disease caused by or incident to the puerperal state, but marked peritonitis manifestly due to absorption of the corrosive sublimate. It seems to be well established that this solution should never be used in obstetric practice stronger than 1 : 4000, if indeed at all, and therefore Don't use it incautiously.

SUCCESSFUL REMOVAL OF A SEVERE, SUPPURATING OVARIAN TUMOR.

BY O. W. ROBERTS, M.D., WARE, MASS.

[*Reported to the Worcester-County Homœopathic Medical Society.*]

THE case is that of Mrs. E—— of Northern Vermont, aged forty-two; mother of four children.

Usually robust, and of fairly good health; complained in the early part of October, 1886, of pain and soreness in the pelvic region, and severe attacks of headache. (This latter she had been a chronic sufferer from for several years.)

Mrs. E—— being sister to my wife, and as I was spending my vacation visiting friends in Vermont, I was asked to make a pelvic examination, which I did about the middle of October, but discovered nothing indicative of developing tumor. A little later she was attacked with severe pain in right ovarian region, which soon extended to the left, and continued severe several days.

She soon noticed an enlargement of the abdomen, which increased very rapidly, bringing with it prostration and extreme emaciation.

Baffling the skill of the attending physician, she was advised to consult a surgeon in Montreal, Can., which she did early in February, 1887.

His diagnosis was : simple cyst of the right ovary ; prognosis,

favorable; treatment, wait three months, and gain strength, after which the tumor can be safely removed.

As I severely criticised his judgment, I was asked to see the patient, which I did on March 2, 1887; found temperature 103° Fahr.; pulse, 130; respiration, short; form greatly emaciated; abdomen enormously distended and very sensitive, especially on right side.

As I had suspected from previous communications, the patient seemed in a precarious condition.

With the aid of the attending physician, Dr. W. W. Hutchinson, I made as thorough an examination as possible.

As there seemed present a large quantity of ascitic fluid, we concluded to aspirate, hoping to bring immediate, if only temporary, relief.

After introducing the aspirating-needle in the right umbilical region to its full length, we drew away about one and a half pints of a very thick characteristic ovarian fluid. This location was chosen because of solid deposit in hypogastric and inguinal regions.

From the apparent severity of the case the prognosis was very grave, and opinion given that, if relief was obtainable at all, it would only come through immediate operation.

After due consideration we decided to remove the patient to my home in Ware, Mass.

At Springfield, on our homeward way, Dr. Carmichael saw the case, and, although he could make but a meagre examination, advised an early operation in from ten to fourteen days, carefully watching the result of preparatory treatment, and earlier removal if thought advisable because of unfavorable symptoms.

For a few days under ars. 3x. she seemed improved; but the hectic fever kept up, with profuse perspiration and tendency to nausea and vomiting.

I felt that the matter must be attended to at once, and wrote Dr. Carmichael to that effect. He appointed Friday, March 11, as the date of operation. There were present at the time Drs. N. W. and J. P. Rand of Monson, Parkhurst of Northampton, Spencer of Barre, Wilkins of Palmer, and myself.

The operation was commenced at 1.30 P.M., and completed in forty minutes. The contents, with cyst, weighed thirty-seven pounds.

The usual incision was made in the median line, and four inches in length. When the peritoneum was reached, so intimately was it adhered to the cyst wall, that, in attempting to divide it on a grooved director, the cyst was punctured.

The patient was then turned upon her side, and the opening enlarged.

As one cyst became emptied, others were ruptured by the hand, the contents of each being a different characteristic fluid; healthy pus, pus in a high state of decomposition, foul gases, and blood poured out in large quantity.

It was impossible to get at the tumor, or dislodge it, through the incision already made, so it was extended upwards, making it ten inches in all. When the peritoneum was opened, ascitic fluid flowed freely. The hand was now introduced, and adhesions separated on the left side.

So firm were they that large portions of the peritoneum were separated from the abdominal parietes in breaking them.

The pedicle, which was broad and short, was finally reached. It was ligated with silk, divided, and the actual cautery applied.

When the tumor was finally torn from its attachments on the right side, it was found to be so rotten that much of the cyst-wall remained attached to the peritoneum.

This was stripped off carefully and as perfectly as possible, leaving a surface containing many open vessels, from which blood flowed.

These were carefully touched with the cautery, and then the whole abdominal cavity was thoroughly cleansed with sponges wrung out in hot carbolized water.

The peritoneum was inflamed, and portions of it were ready to break down as the cyst-wall had done.

The omentum was, in its lower portion, several times its usual thickness, and its vessels looked as though filled with tallow.

Eleven silver-wire sutures were introduced, using extra care to bring the divided surfaces of the peritoneum into perfect apposition.

A drainage-tube was then introduced, and the wound dressed. The tumor was a multilocular, suppurating cyst, its solid portion weighing from ten to twelve pounds (this fact explaining the failure with the aspirator-needle), and was as soft and friable as brain substance.

Altogether the case had a very discouraging outlook, and a dubious prognosis was given.

The patient rallied well. Three hypodermics of brandy were given at intervals during the operation.

Hot-water bottles were placed about the patient in bed, and a rubber bag, filled with hot water, was placed under the thighs. This proved to be too hot, and raised blisters, which discharged for several weeks. This accident may have proved fortunate, as the blisters possibly acted as a drain, removing effete matter from the blood.

The after-treatment did not vary materially from that generally employed.

Improvement immediately set in, and she most wonderfully and surprisingly recovered, without any bad symptoms, the temperature never going above $102\frac{1}{4}^{\circ}$ Fahr.

Principal remedies given were aconite 3x. and 30x., arsenicum 3x., lycop. 6x., and kreosotum 4. Only once did she require a hypnotic.

She gained very rapidly, and was able to go to her home in May, where she now is enjoying a new lease of life.

My reason for reporting this case is, that its very rapid development and extreme symptoms pointed to it as one of the most hopeless description, and yet recovery was uninterrupted.

This teaches us that however desperate a case may appear, we should not give up the hope of saving the patient by an operation; and, as this is the only avenue of escape, should not hold out other hope to a patient suffering with ovarian tumor, nor withhold this aid until it is absolutely too late, remembering that most worthy of maxims in surgery. —

“The irritating cause removed, all symptoms arising therefrom rapidly disappear.”

A CASE OF ACUTE SPINAL PARALYSIS IN AN ADULT.

BY G. H. WILKINS, M.D., PALMER, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

THE following case is reported, not because of unusual symptoms, original methods of treatment, or brilliant results; but rather from its marked history of heredity, a circumstance I have not found mentioned in any of the works at my disposal which treat of this disease.

Mr. A. P. K., aged seventy-two, has always been an industrious, sober farmer, temperate in all things, and has always been healthy with the exception of a bad inguinal hernia.

Last April he noticed one night, while milking, that his left hand was weak, so much so that he could hardly finish his milking. A few weeks passed, and the hand became almost useless.

On the 4th of May, he consulted me at my office. At that time the hand was entirely powerless, though he still had power over the fore-arm, and could even carry a pail of water, by hanging the pail upon the wrist.

Applying the battery, I found the Faradic current produced no contractions in muscles of fore-arm; and a strong galvanic current, only very slight contraction. Sensibility remained normal. No other symptoms could be elicited.

I prescribed *nux. vomica*, small doses of the 3x. dil., and ad-

vised the use of battery to check if possible the further progress of the disease, giving no encouragement that the use of the hand would be restored.

He followed the treatment for about a week, then gave it up.

The next I saw of him was in September, when I was called to see him at his home. At this time he had lost the use of the lower limbs, very nearly, though by the aid of a cane in the right hand he could get across the room, dragging the feet. The left arm hung powerless by the side. The right arm was slightly affected, but not as much as the other extremities. Reflex excitability was abolished: cutaneous sensibility remained normal.

Left side of face was partly paralyzed, and the muscles of the throat were also involved, swallowing being difficult; and the saliva, being very profuse, kept him spitting most of the time.

Respiration was normal, only not strong. Bowels a little constipated. Bladder was not affected.

About Oct. 1, he became entirely helpless, failed to swallow any food except liquids, and even these with great difficulty. The pulse was weak, and respiration enfeebled, so that he suffered some from shortness of breath.

Oct. 19 he died from asphyxia. There was no impairment of the mental faculties, though it was difficult to understand him at the last. Atrophy of the muscles began to be manifest a few weeks before his death, but was not marked.

There was no febrile action at any time, but surface temperature was not noted.

The grandfather of Mr. K. died of the same disease (or creeping paralysis as it was called), age not known. The father died of the same trouble, aged forty-six; also two brothers, both under fifty; and now I am told that a third brother, living in another town, is showing some symptoms that lead his friends to fear that he, too, is to go in the same way.

Whether the disease might have been checked by the use of medicine and electricity, cannot be said, for he was so impressed with the idea that he *must die*, because the others of his family had done so, that he would not be persuaded to follow any systematic treatment, nor even consult a specialist in nervous diseases, as I tried to induce him to do.

A NEW disinfecting compound for purifying the atmosphere of the sick-room has just been presented to the Berlin Medical Society: Oils of rosemary, lavender, and thyme, in the proportions of ten, two, and two and one-half parts respectively, are mixed with nitric acid in the proportion of thirty to one and one-half. The bottle should be shaken before using, and a sponge saturated with the compound left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders. —*N.Y. Medical Record; Phys and Surg Investigator.*

POST-SCARLATINAL NEPHRITIS, WITH REPORT OF
A CASE.

BY FREDERICK B. PERCY, M.D., BROOKLINE, MASS.

[Read before the Hughes Medical Club.]

NEPHRITIS occurring during scarlet-fever, or as a sequela of it, differs little from the acute non-desquamative nephritis, which results from cold. The disease is insidious in its beginning, treacherous in its course, and of multiform complications, but in spite of the formidable character of the symptoms, recovery, even in severe cases, is possible, and the mortality rate is not high. Authorities differ as to its nomenclature. Dickinson, who believes nephritis to be either tubal, interstitial, or lardaceous, would have us consider scarlatinal nephritis as an example of the first variety. It is essentially a catarrhal inflammation of the kidneys, and thus graphically described by Dickinson: "Like the bronchial tubes, and all secreting surfaces, they are liable, under morbid stimuli, to an extravagance of cell-growth which is ordinarily described as inflammation. The disease is an inflammation — if morbidly increased cell-growth be inflammation — belonging for the most part to the secreting surface. The tubes, particularly those in the cortex, become loaded with epithelium, which has grown from their walls in extravagant exuberance, or with fibrinous matter, which has exuded from the congested vessels. The tubes are distended, and hence the gland is increased in size, particularly in the cortical part. The large smooth kidney of Bright results. This is pale or congested, as the case may be, at first charged with blood, latterly of a whitish color. The capsule remains thin and loose. The surface retains, at least until the advent of interstitial complication, its gloss and smoothness. In such kidneys the inter-tubal framework may have entirely escaped; the frequency and completeness of recovery indicate that this exemption is maintained more often than not; but if the inflammation be severe, or long continued, a general multiplication of interstitial nuclei may ensue, which will lead to an abnormal growth of fibroid tissue, and possibly, at last, to granulation and contraction."

Millard, to whom we are indebted for a translation of Charcot's work, and still later for an original work on Bright's disease, gives the following reasons for his preference for croupous nephritis: "I consider *croupous* the most appropriate name for the form of nephritis I shall describe, because there is diffuse and intense exudation or infiltration into the connective tissue with hyperæmia, albumen or casts, or a fibrinous exudate into the tubuli uriniferi. These conditions are unvarying features of

the disease. The term tubal nephritis designates simply a lesion of the tubules, while this is never exclusive; an exclusive inflammation of any portion of the kidney, as the epithelia, connective tissue, or glomerulus, being impossible. The term parenchymatous is equally objectionable, indicating as it does the essential lesion of the kidney to be in the epithelium." Klebs has suggested that glomerulo-nephritis best describes this condition, but Klein, who subsequently investigated this statement, found that many cases of scarlatinal nephritis showed no appearance of the glomeruli being affected.

To me the first-offered designation tubular nephritis is at the same time the most intelligible and the most comprehensive. Understanding, as we do, the nature and course of catarrhal inflammation elsewhere, we can easily see that in some cases of long standing, the surrounding structure of the kidney may become affected. In the vast majority of cases, however, the lesion is confined to the tubules, as the permanent and absolute recovery from this disease bears evidence.

The pathology of this form of nephritis, and the anatomical appearance of the kidney, I need not dwell upon at any length. Macroscopically we see an injected and enlarged kidney, the size of the kidney doubled, the cortex thickened, the capsule loose and thin, the Malpighian bodies readily apparent as red dots, the inter-tubular and stellate veins increased in size, and the organ or section dripping with blood, and presenting a chocolate color. Microscopically we see the cortical tubes stuffed with an opaque brown material, epithelial cells, blood corpuscles, and granular matter; the tubes are in contact with each other, and filled with epithelial cells and fibrinous exudate. In the chronic form the kidney is essentially the large white kidney with which you are familiar in chronic Bright's disease.

Now that we have satisfied ourselves as to what this disease is, and the localized lesion, let us consider briefly the urinary changes which result, and, in the order of their occurrence, *scanty urine*, albumen, blood, casts, *uræmia*.

The very common comparison of the kidney to a series of filters affords sufficient explanation of the scanty urine or even anuria; for with the tubuli twisted even more than normal, and their lumen obliterated wholly or in part by epithelial cells and fibrinous exudate, the power of filtration is lost.

As to the presence of albumen,—and by this I mean, of course, serum-albumen,—it is conceded to depend upon two causes; venous congestion, and the diseased state of the tubules whereby they are deprived of their proper lining membrane. On this point let me refer you to an article on albuminuria by Brunton, and quote from Dickinson: "The tubes consist, in

health, of a simple membrane immeasurably thin, upon one side of which are capillary blood-vessels, on the other side epithelial cells. This is the type of all glandular structure. It is probable that the fluid part of the blood can readily permeate the simple walls of capillary and tube, and thus is brought into contact with the epithelial cells. In the epithelial cell lies the power of the gland. The cell acts after its kind upon the fluid presented to it by the basement membrane, and by the exercise of its function selects and re-arranges the materials which are to form the secretion. When the epithelial cells are removed, the fluid of the blood having traversed the homogeneous membrane can pass into the tubes without hinderance or modification." The detection of albumen is not difficult, and the ordinary methods of heat or nitric acid show the presence of one part of albumen in 100,000 parts. The amount of albumen in urine never exceeds two and one-half per cent, and one and one-half per cent of albumen in urine shows almost solid coagulum from heat test. Tanret's solution of the double iodide of mercury and potash is capable of detecting albumen when present in urine to the amount of one part in 200,000.

The casts to be found are fibrinous, epithelial, granular, and pus casts; the latter pointing, as Millard says, to pelvilitis. Cases of nephritis have been reported in which no albumen was to be found in the urine, but nephritis cannot exist without casts in the urine. Remembering that fibrin is as much a part of the liquor sanguinis as albumen, we can readily understand that as soon as this blood constituent enters the tubes, it coagulates, and moulded to the shape of the tube forms a cast which oftentimes from its diameters, reveals the portion of the kidney from which it came. Epithelial casts are made up from epithelial cells held together by a small amount of fibrin. Epithelial and blood casts are those most often found in this form of nephritis, granular casts being the result of long-continued inflammation in the kidney.

It may be asked, What is the reason that nephritis should accompany or follow scarlet-fever rather than the other febrile diseases? One thing we must admit in the beginning, and that is that the genus epidemicus is a most important factor in the causation of scarlatinal nephritis. Many physicians never have any cases, while others of equal repute have many. The materies morbi of scarlet-fever is singularly irritating to the kidney, and is the exciting cause of the nephritis. Dr. Baginsky inferred from a series of carefully instituted experiments that the poison does not directly affect the kidneys, but the kidneys suffer because of the inactivity of the skin due to desquamation. Boys are much more likely to suffer from this disease, and cases under one year of age are rare.

Nephritis may develop at any time after the fever begins, but the most common time is about the fourteenth day. It has even been deferred until the fifth week, so that until that period is passed there is danger. The earliest symptoms are uncertain, but muscular languor, loss of appetite, extreme pallor, thirst, and febrile movements may lead us to suspect trouble. In some cases dropsy suddenly appears, while in others the symptoms of uræmic poisoning first arrest our attention. The urine becomes constantly more and more scanty, and the patient complains of headache, suffers from nausea, vomiting, is comatose, and convulsions will soon follow, unless the urinary secretion is re-established. The urine is of low specific gravity, containing an abundance of albumen, epithelial and blood casts, and blood corpuscles. The color of the urine varies with the quantity and the amount of blood passed. The changed condition of the blood is soon followed by dropsical effusions, first noticed about the feet and ankles, then about the face, and in turn finally over the whole body. Effusion under the skin is formidable in appearance, but not dangerous as compared with effusions into internal organs. These latter are, in the order of their occurrence, pulmonary œdema, effusions into pleuritic and peritoneal cavities, the pericardium, the brain, and lastly into the connective tissue causing œdema glottidis. Pulmonary interstitial œdema is a most dangerous and distressing complication, and in six hours from its onset has occasioned death. Of the danger of œdema glottidis, I need say nothing. Those rare cases where nephritis exists without dropsy, Harley would explain by confining the inflammation to one kidney, the other being intact. Vogel thinks that many cases of nephritis without dropsy are overlooked, and to it he would attribute many deaths in the early stages of scarlet-fever.

The uræmic symptoms, the coma, the vomiting, the restlessness, the violent headache, loss of vision and hearing, stupor, delirium, rigors, and mayhap convulsions, all depend upon the absorption of urea.

The course of this disease is variable, but the prognosis is generally good, and recoveries are, as a rule, complete. The dropsy speedily disappears under proper treatment, the urine increases even to the amount of a hundred ounces in twenty-four hours, the albumen lessens, the digestion improves, and, in the course of weeks or months, no trace of kidney trouble is evident. In case of fatal issue, death results from hydrothorax, œdema pulmonum or glottidis, from uræmia, and occasionally from exhaustion after protracted vomiting and diarrhœa.

And, now, as to treatment, which we will consider under three heads; viz., preventive, dietetic, and medicinal.

Given a case of scarlet-fever, an invariable and inflexible rule should be, four weeks in bed. Again, of the value of bathing, and the daily inunction of fat of salt bacon, or cosmoline plain or better carbolated, there cannot be too much said. While I have no confidence in the detection of the pre-albuminuric period, I still believe that daily testing of the urine is a necessity, and should never be neglected. If its presence is early discovered, the disease is easily checked.

As to the dietetic treatment, while not wholly approving of Donkin's "skim-milk" diet, yet that fulfils all the requirements of food and drink. Spring water or distilled water should be drunk in large quantities. Milk, with or without lime-water, oysters, raw or cooked, mild broths, fish, game, should constitute the diet until convalescence is established, when a more generous diet, rich in albumen, may be permitted. Where, from any cause whatever, feeding by the mouth is insufficient or impossible, rectal feeding with milk pre-digested, beef peptonoids, is of great importance. Bits of ice, pop-corn water, oat-meal-water, toast-water, are measures of value when nausea and anorexia persist.

And, now, what as to medicinal measures? If you agree with Harley and his followers, you will give the kidneys rest, and, by stimulating the bowels and skin to action, relieve the system of noxious matters by these channels. The compound jalap powder is useful in scruple doses every morning; and the skin may be excited to action by diaphoretics and hot-air or vapor baths. The hot blanket pack, in cases of threatened convulsions, with coma and its attendant symptoms, is a most valuable auxiliary. The patient may be kept in the pack until diaphoresis is produced. Dickinson does not believe in stimulating the bowels and skin at the expense of the kidney, only rarely using purgatives or diaphoretic measures, but depends upon digitalis in the form of tincture or infusion, and later upon tinct. ferri chloridi; for convulsions, morphine, bromides, or chloral, the latter as rectal enema. J. Lewis Smith, in his exhaustive article on scarlet-fever in Pepper's "System of Medicine," advocates most strongly pilocarpine the muriate or nitrate, and the dose from gr. $\frac{1}{8}$ to gr. $\frac{1}{16}$. His results are most creditable to any method of treatment, and the drug is at the same time diaphoretic and diuretic. Da Cos'a has contributed cases where equally good results followed the use of jaborandi fl. ext. in drachm doses.

Glonoine, in the form of a one-per-cent solution, has, in the hands of Dr. Robson, proved an efficient agent in acute croupous nephritis, the urine being increased, the albumen diminished, and the blood disappearing from the urine within twenty-four hours.

Millard, after a careful consideration of the usual measures, thus concludes: "I shall now consider several remedies, with which alone, or in combination with other remedies and measures of treatment, many cases of acute, and some even of chronic nephritis, have been cured. First among these I place, *facile princeps*, hydrargyri chloridum, corrosivum, and hydrargyri chloride mite. My experience has led me to employ usually the mild chloride in interstitial nephritis, and the corrosive sublimate in croupous nephritis. I am accustomed to give the former, prepared by combining or triturating one part of the drug with ninety-nine parts of sugar of milk, the dose being five to ten grains every two or three hours. Of corrosive sublimate I use a preparation of one part of the crude drug to ten thousand of sugar of milk, giving eight to ten grains every two or three hours.

"Of cantharides, I have often found it of use in alternation with the mercurials, the result being diminished albuminuria and increased urine, that result being attained when neither mercurial would produce it. I give, however, very minute doses, about the same strength as of the bichloride." He also gives indications for the use of nitric acid, helonias, apis, and euonymus.

And now, what have we to offer as a school in the treatment of the disease? Hughes recommends cantharis, terebinthina, and arsenic. And the indications for these drugs can be found in Dickinson's work on albuminuria where he treats of albuminuria caused by drug action. "Cornil, in his researches upon the action of cantharidine upon the kidneys, finds similar lesions in the glomeruli and in Bowman's capsule, and the same changes in the tubules as occur in acute or sub-acute croupous nephritis." As an example of the organic state which may be caused by cantharides given as a diuretic in renal disease, I may mention the case of a young man who died with symptoms of tubal or diffuse nephritis in a chronic form, and was clearly entitled to the large white kidney. Under the action of cantharides the kidney had assumed a scarlet injection, which the underlying white only served to make the more brilliant. "Cantharis should therefore be the most frequently indicated homœopathic remedy; the head symptoms, pain, delirium, coma, and convulsions, are additional symptoms for its use." Cantharis, according to Hughes, is most appropriate in cases of nephritis where desquamation is considerable, and uræmia threatens, and therefore, *cæteris paribus*, in most cases of post-scarlatinal nephritis.

Terebinthina, where hæmaturia is well marked, is always curative. This I consider a key-note. It is in those cases

where uræmic symptoms are not pronounced, but the system is depleted from loss of blood and albumen.

Arsenicum, and particularly in the form of Fowler's solution, is the most commonly used, and successfully, so it is to be presumed. The objective symptoms, the pallor, muscular languor, weak heart's action, scanty urine, and dropsy, clearly point to its use, and the well-known curative powers of arsenic in effusions only afford additional indications for its use.

In hydrocephalus, helleborus may be useful, and digitalis for the heart symptoms.

Winterburn, in his article in Arndt's "System of Medicine," indorses Kafka's recommendation of hepar sulphur, and offers kalmia latif. as an untried remedy of much value. For the albuminuria remaining in the sub-acute stage he is equally as enthusiastic as Millard over the use of mercurius corrosivus. Two adjuvantia I should have mentioned in considering the old-school measures. I refer to cream-of-tartar lemonade and the use of poultices, flaxseed-meal and mustard, or fomentations of digitalis leaves, over the kidney. In this hasty summary of therapeutic agents, I have not referred to apocynum, helonias, phosphorus, and many other remedies useful in phases of nephritis. I have merely endeavored to emphasize the more important and confirmed agents.

The following case illustrative of this disease is presented for your consideration, not because of any thing new in treatment, but simply because it presents some features of this trouble in their most typical form.

Was called to see M. C., æt. 16, on Sept. 19, whom I found a robust young fellow, in apparently good health, suffering with an acute attack of diarrhœa, which had not yielded to home medication. In a couple of days, he was all right again, and I saw no more of him until Saturday the 24th, when he wished my advice about a stiff neck, and a general feeling of malaise. There was nothing in his appearance to indicate any latent disease, other than a slight puffiness of the cheeks. Careful inquiry, as to the summer, brought to light an attack of sore throat and slight rash, some four weeks before, which housed him for four days, but on the fifth he was mountain-climbing. During the interval between his convalescence and my visit, he had been perfectly well, except for the bowel-trouble above referred to. He assured me that his appetite was good, his bowels regular, his water ample and of good color, and no headache or other aches, except this stiffness of the muscles of the neck. I could find no reason for his weariness, other than from supposed kidney-trouble, a sequela of this indeterminate illness at Dixfield. There were no dropsical symptoms anywhere

present, nor have there been any, unless in one place, of which more hereafter. On Sunday his urine was sent me, and on examination I found the specific gravity 1010, an abundance of albumen, blood corpuscles, and epithelial casts. The urine was smoky and scanty. I prescribed apis and cantharis, and milk diet, and enjoined rest in bed. On the following day, I found no improvement in any respect, but increasing headache, restlessness, and stupor, and vomiting came on in the afternoon; and at night when I saw him, he was unconscious. I immediately placed him in a hot blanket pack, and repeated it again at midnight, when he was able to answer questions, though hesitatingly. Neither pack produced diaphoresis, but certainly relieved the cerebral pressure, and early on the following day, the 27th, he passed a small quantity of water. The cephalalgia was most intense, and only rendered tolerable by the constant application of ice. The vomiting continued, and even his medicine was rejected. Dr. Jackson saw the case with me in consultation on this day, and at his visit the temperature was 102°; the pulse feeble, the pallor well marked, the stupor little if any abated, the pupils dilated, loss of vision for any thing but large objects, loss of hearing in part. He had passed but a few ounces of urine for twenty-four hours. The prognosis was guarded; but muriate of pilocarpine was decided upon, as the most promising remedial measure, and Merck's preparation in gr. $\frac{1}{20}$ doses was administered every three hours. The hot pack was continued. By evening, no perceptible effect from the pilocarpine was evident, and much of it he vomited in spite of the ice, of which he partook freely. This night I again spent with him, and gave him gr. $\frac{1}{16}$ hypodermatically, every three hours from 8 P.M., and after the third dose, with very perceptible results, both upon the skin and the kidneys. In the next twelve hours he passed $\frac{3}{4}$ xvj. of urine, and was able to tolerate milk and lime-water in small quantity. Dr. Jackson again saw the case with me on the 28th, and we felt that we could give the parents a more hopeful view of the case. The same medicine was continued, and in addition canth. 3x., gtt.ij. every three hours. During this twenty-four hours, salivation in a most marked and aggravating form appeared and continued for some weeks. The history of the case is uneventful from this time on, except that it may be well to say that the stomach remained irritable, and intolerant of food, and the patient refusing milk and broth subsisted on lemon-jelly, Iceland-moss jelly, and plenty of ice. On the 30th, arsenicum was substituted for the pilocarpine and continued with. The urine constantly increased in quantity, and the character changed daily for the better. The head symptoms every now and then became very bad, and

on the 12th of October, believing that there was an effusion into the brain, and that the vomiting which came so unexpectedly was cerebral, we gave him Fowler's solution of arsenic, in two-drop doses every four hours. At last, we found something he could eat, and for the following week he subsisted largely upon raw oysters and pop-corn water. Whether it was the medicine or not, I am unprepared to say; but his improvement was from this time more marked; the head symptoms gradually yielded, the stomach became more tractable, and the urine increased to (72) seventy-two ounces in twenty-four hours, but still containing a considerable amount of albumen. Only three attacks of vomiting have occurred since the 12th; one was occasioned by a slightly tainted oyster, which ended that article of diet; again by drinking skimmed milk which came up in a solid curd about five inches in length; and again from indiscriminate eating. At present the patient enjoys his three meals daily, and is limited in diet to bread, fish, game, milk, and fruit. If Harley's conclusion that nephritis without dropsy means but one kidney involved, then in this case the one kidney must have been grievously affected, and on some later occasion I hope to report to you its complete recovery.

A CASE OF PYÆMIA.

BY J. P. RAND, M.D., MONSON, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

GENTLEMEN, — I have to report to you to-day an unfortunate case, an instance of a failure to cure both by nature and the doctor, another illustration of the sometime helplessness of man, and impotence of medicine.

Patient, Mrs. T., age about seventy. A sturdy, hard-working widow, of genuine Puritan stock. Indeed, she was a remarkably strong person, not fleshy, but stout. Would weigh one hundred and fifty pounds or more, chiefly muscular.

She had nursed two daughters through long and painful illnesses to their graves, and every spare moment her busy fingers were plying the knitting-needle, or piecing the interminable rag carpet to provide against future need.

At times in life she had been afflicted with rheumatism, also with varicose veins, for which latter trouble she had worn an elastic stocking; but beyond these she had never been ill to my knowledge.

Her home was in Hampden, a town some six miles distant from me. I was first called to see her Sept. 16, 1885. She was

up and dressed, and did not call herself sick, but for a week or so had suffered from a sore upon the dorsal surface of the last joint of the left index finger. The sore did not look like a felon, nor had the pain been of the severe character which usually accompanies that affection. Examination revealed that the sore did not need lancing, for already a natural opening had appeared as large as a pencil. This I cleansed thoroughly with probe and absorbent cotton. Ordered flaxseed poultices to be applied. Gave *hepar* internally, and dismissed the case, expecting it would be unnecessary to see it again.

Two days later, however, my presence was again desired, and as the finger had not improved but rather grown worse, determined not to dismiss the case again, but see it through. For the next two weeks the finger grew steadily worse. It pointed, and was opened in five places.

The inflammation extended back to the first phalanx, and pus gathered around the middle joint. Then swelling began to subside, and prospects for saving the finger seemed good; only seemed, however, for now the ulcer upon the back of the finger ate off the extensor tendons of the joint, allowing the flexor tendons to drag the tip of the finger forward, leaving the sore upon the back gaping wider than ever. To relieve this I made a sled-shoe shaped splint, and bound it on to the palmar surface of the joint to keep the finger straight, and if possible allow the extensor tendons to unite. My hope was delusive, for inflammation of the joint continued, and ate off the flexor attachments, leaving the last phalanx free and movable, simply hanging by the skin.

At that time all hope of saving the finger was abandoned, and upon Oct. 13 my brother and I made an amputation of the finger just above the middle joint. This was a little over a month from the commencing of her trouble. And without dwelling further upon the history of the amputation, I will say that though inflammation was present at the time of operation, and the palmar flap contained pus, the wound made a slow but positive recovery, and gave no further trouble from that time. That was the end of the finger, but not of the case.

And now, with your permission, we will go back again to the second week of her illness, and take another look at the patient.

It was at about this time (I cannot be exact, for I have mislaid my notes), she complained of pain and aching of the left limb, and a decided well-defined soreness upon the right hip.

She said the pains upon the left side were rheumatic, and for a time I thought she was correct, and treated her accordingly. Upon the right side, the trouble increased, and a hard zone of redness and swelling appeared, as large as a man's hand. This

we poulticed, and a few days later opened, when it discharged freely of pus. At first the pus seemed laudable, but later on it was watery, though it had no particular odor.

The abscess was washed out twice a day with a carbolic solution, and the external opening kept free, until it healed up solidly from the bottom.

Contemporary with the formation of this abscess, the patient developed some two degrees of fever. Pulse would range from one hundred to one hundred and twenty.

There was complete anorexia, and the coating upon the tongue was very white and profuse. Insomnia was present from pain and inability to easily move. As the right side improved, the left one grew worse. The swelling first began upon the anterior portion of the thigh. At this time, she made no complaint of her joints, though the knee pained her a great deal, later. Gradually the foot and ankle enlarged, and later on, the entire limb rounded in symmetrical proportions. From hip to toe, it was at least one-half larger than its mate. We considered the swelling to be due to phlebitis, and treated her to that effect. We kept the limb as quiet as possible. Twice a day it was thoroughly bathed with witch-hazel. During the interval, the entire limb was carefully bandaged.

A cough developed about this time, and for two or three weeks caused considerable annoyance. Cough did not seem to have resulted from cold, or to be controlled by remedies.

I feared abscess of the lung might develop, but, beyond the cough and expectoration, found no evidence that it was so. However, the cough subsided. The tongue cleaned off, and became smooth and very red.

About this time a diarrhœa came on, and persisted in tormenting the patient for a couple of weeks. This improved, but the patient did not. We saw the case was getting desperate.

Though the patient was up and dressed every day, she grew weaker, and complained a great deal of being tired, and of shortness of breath. I decided to resort to stimulants. Ordered wine freely, and for a time it seemed agreeable to the patient. Gave raw eggs, beef-tea, and all forms of nourishment, as freely as it was possible to induce the patient to take them. Nov. 9, we put her on to Hoff's malt, which, with Clapp's elixir of beef, she continued to take as long as she lived.

At this juncture Dr. Peabody of Springfield was desired to see the case. He indorsed the general plan of the treatment.

One suggestion of his, which we followed, was to incise the skin around the left ankle, to relieve the œdema of the parts. This we did three times, cutting down into the cellular tissue, allowing the parts to drain away what they would. Under the

influence of these and moderate doses of digitalis, the swelling diminished so that instead of the hard, smooth, and marble-like appearance, the cuticle would resolve itself into fine wrinkles, and below the knee the limb felt softer to the touch. Still we pushed the nourishment, and still weaker and weaker grew the patient. It was now December, and the patient did not get up to be dressed. Pulse and temperature remained elevated as before. Pus was gathering somewhere, but beyond that white and glistening extremity, nothing appeared.

Dec. 15, saw patient, who appeared about the same as usual. At midnight was again summoned to the bedside, my brother and self both attending. Found patient had been taken with a severe chill in the evening, and was apparently sinking fast. We knew there was mischief somewhere, but where? Upon careful examination we discovered upon the side of the thigh a little space two or three inches long, which was slightly reddish in color, and to the touch felt slightly different from the rest of the thigh,—a kind of doughy feeling, though nothing like fluctuation. We thought we must do something quickly, and so decided to cut in and see what we could find. Accordingly, having benumbed the skin with ether-spray, we took a large scalpel, holding the cutting edge downward, made an incision about an inch deep into the cellular tissue and fat. The wound gaped open, a few drops of blood oozed from its surface, and that was all.

The blade was now turned perpendicular to the wound, and thrust in its entire length. A stream of pus followed, and continued to run as fast as we could catch it with sponge and spoon for half an hour. It may seem incredible, but I know it must have discharged more than a quart of pure pus at that time. By pressing the thigh from knee to hip, the matter would be made to start afresh. Having expressed what would come readily, we started for home well pleased with our night's venture.

In the morning saw the case again. Found the wound had continued to discharge during the night, soiling all her night-clothes and bedding; she lay in a little pool of pus, which must have measured more than a pint. The swelling of the limb had now greatly subsided, still there was much pain at the knee, which had been a prominent symptom all along. Patient felt greatly relieved, but could not bear to have the limb moved in the slightest, though the thigh was not excessively sensitive to pressure.

However, we managed to raise her upon the sheet, and change the clothing. At this time I again pressed out what pus I could, and passed a soft catheter into the wound, and

rinsed out the cavity with a solution of carbolized calendula. For about a week the patient seemed to improve. Twice a day the wound was rinsed out in the same manner as above. At each dressing a full half pint of pus would be evacuated, beside what was washed away with the syringe. The soreness somewhat disappeared from the limb, and she was able to sit up in a chair to have the bed made.

About the first of January the patient began decidedly to lose ground. The stomach became irritable, and refused to retain any thing. She was too sore to receive rectal alimentation. The thigh became soft, and the catheter used to wash the wound would move in any direction, when at first it would only follow the course of a muscle. As one squeezed the thigh, bubbles of gas would escape from the opening. The discharge became offensive and rotten. However, we kept up the dressing as best we could until Jan. 4, when she passed into a comatose state, from which she did not rally.

Jan. 6, she was still alive, and as the odor was terrible, we changed her clothing, plugged up the wound with cotton, strapped it up with plaster, and gave up the case. The comatose condition continued, and she died two days later.

The remedies which I have hardly hinted at in my description were varied from week to week; chief among them were arsenicum, quinine, arseniate of quinine, digitalis, hepar, nux vomica, and china.

I am aware that the case did not present all the characteristics of pyæmia. The recurrent chills were nothing more than a sense of coldness; nor could I detect the typical sweet odor to the breath. Yet as I review the case from the first, I believe it to have been pyæmia at the commencement, and the initial sore was but a symptom of her condition. I do not believe she became poisoned from absorption from that, for it received the best of care, and was kept scrupulously clean. How she contracted her disorder, I am unable to conjecture, and will entreat my "grave and reverend seniors," in the Society, to decide that matter for me.

GLEANINGS AND TRANSLATIONS.

THE PROLONGATION OF HUMAN LIFE. — The last report of the registrar-general in England furnishes fresh evidence of the steady progress which is making in the prolongation of human life, especially through the influence of the sanitary measures adopted during the last thirty years. The death-rate for 1886

was 19.3 per thousand of the population, which was lower than that recorded in any previous year since the registration system was started in 1837, with the two exceptions of 19 in 1885 and 18.9 in 1881. The mean annual death-rate for the six years since 1880 did not exceed 19.3, which was 2.1 below the mean rate between 1840 and 1880. This means that 339,000 persons in England and Wales were alive at the end of those six years, who would have been dead if the rate of mortality which prevailed between 1870 and 1880 had been maintained. The reduction is largely accounted for by the falling-off in the deaths from the principal zymotic or "filth diseases," which have sunk from an annual rate of 4.15 per thousand between 1860 and 1870, to 3.40 between 1870 and 1880, and only 2.43 since 1880. The proportion of infant mortality has also been perceptibly diminished, falling from an average of 149 per thousand births during the ten years preceding 1880, to 141 in the six years since then. The birth-rate itself last year was only 32.4, which is lower than in any year since 1848; and the natural increase of population by the excess of births over deaths accordingly shows a decline from 375,922 in 1884 and 371,520 in 1885, to 366,138 in 1886. — *New-York Evening Post; Medical News.*

AN EASY METHOD FOR LIQUEFYING CARBOLIC ACID. — We find in the "Western Druggist" the following method of dissolving carbolic acid. It saves a great deal of trouble, and prevents the frequent breaking of bottles through the heat required in melting the acid : —

"The plan is a very simple one, consisting in the addition of sufficient alcohol to completely fill the empty space usually found in pound bottles of the acid, corking the bottle, and inverting. The alcohol will gradually rise through the acid, dissolving it in the course upward, until in two or three hours all the acid will have passed into solution." — *Pacific Record.*

ANEURISM CURED BY POSITION. — Dr. T. G. Richardson of New Orleans, at the last meeting of the American Surgical Association, reported the case of a shoemaker, fifty-five years of age, who was admitted into the hospital for a painful swelling of the left thigh. The tumor, an aneurism of the femoral artery, was about the size of a goose-egg, irregularly flattened. None of the characteristic signs of aneurism were wanting. It was supposed to possess thin walls. The man looked anæmic and delicate. He had had syphilis about nine years before. The cause of the disease was supposed to be the irritation caused by hammering leather on an iron placed on his thigh. The tumor appeared to be inflamed by the manipulation. To over-

come this, Dr. Richardson suspended the limb flexed at right angles at the hip and knee. He found on the first day an improvement in the condition of the tumor, and a few days later, that coagulation had occurred. A week later he was discharged cured, and a few months after only a small nodule could be felt at the site of the tumor. As this is probably the first case of femoral aneurism cured by this method, he desired to call attention to the fact that no pressure was exerted on the tumor, but that the only treatment was flexion and suspension of the limb, especially the latter. He thought that gravity had a great deal to do with effecting the cure. — *Philadelphia Medical and Surgical Reporter*; *Southern Practitioner*.

TWO CASES OF POISONING BY CANNABIS INDICA. — Dr. Graeffner of Breslau reports ("Berliner klinische Wochenschrift," No. 23, 1887): Case 1. A woman aged twenty-three had taken one and a half grains of *balsamum cannabis ind.*, and half an hour after, about ten P.M., went to bed, and immediately was the victim of the most frightful dreams. She had the feeling that, although in the presence of the most threatening danger, she was neither able to escape, nor to call for help. Soon there was a nameless anxiousness, in which she thought she was dead and buried, and that she was able to follow every phase of the dying process. Suddenly she recovered power over her limbs, sprang out of bed, and ran to the kitchen, giving such a frightful cry, that the servant, thinking there were robbers in the house, shut the door between her mistress and herself, and would not open it till she had summoned help. Dr. Graeffner found her in a state of frightful bodily excitement, in a continual to-and-fro motion, with the fingers in motion, now searching on the bed for something, and again seeing visionary objects, and with a flood of ideas expressed in a ceaseless, rapid monologue. In spite of this the patient saw and recognized all that was going on about her. The pupils were moderately dilated and sluggish, the pulse was increased in frequency, and the arteries were moderately compressible; the temperature in the axilla, 37.9° C. The treatment consisted in stimulants, and cold compresses to the head. Case 2 was a man aged forty, cabinet-maker. He lay down on a sofa after taking the drug; soon fell asleep, and after an hour was awakened by a customer who wanted a receipt signed. He found it impossible to make even a stroke with the pen; and, partly astonished and partly vexed, he endeavored to overcome the disagreeable condition by going to work in the shop; but a mist before his eyes, and the feeling of the whole body being asleep, compelled him to return to his room. Then he passed into a state of apparent death, in which he heard every thing,

but was incapable of any motion, or even of calling for medical help. The ideas that swept through his brain during this time were mostly concerning religious matters. The patient was treated in the same way as No. 1, and by the next morning he was free from trouble, and his mind was clear. — O'C., *North-American Journal of Homœopathy*.

THE THIRD STAGE OF LABOR. — Dr. Roemer, in the "Arch. f. Gynäk.," gives a series of observations on the average time after the birth of the child at which the placenta is expelled. 1. The later the period at which the membranes are ruptured, the earlier is the separation of the placenta. 2. The placenta is detached sooner if the bag of waters has been ruptured artificially. 3. The after-birth comes away in the majority of cases after the lapse of an hour, with expectant treatment. 4. The later the rupture of the membranes, the shorter the third stage of labor. 5. If the membranes are not ruptured until just before the expulsion of the head, the third stage will usually be completed in less than an hour. He decides in favor of Credé's method, preferring to employ expression after waiting from a quarter to half an hour, rather than to allow two or three hours to pass before attempting to remove the placenta. — *Archives of Gynecology*.

HINTS FROM MY NOTE-BOOK. — Pale anæmic children, whose digestion and assimilation are poor, rapidly recuperate under the use of pyrophosphate of iron 3x.

In discoloration of the skin of the face, common among women with uterine disease or menstrual irregularities, give caulophyllin 1x. or 6x.

Aching in the back of pregnant women is speedily relieved by internal administration of cal. carb. 1x. or 2x.

In Bright's disease, when you wish to lower blood pressure and relieve headache, asthma, and other disturbances of the nervous system, prescribe glonoine 12x.

Patients suffering from nervous exhaustion (neurasthenia) are relieved very soon by the use of electricity and massage.

For *early* symptoms of pregnancy I have found to be reasonably reliable in my practice:—

1. Swelling of the feet.
2. Pulsation of the anterior lip of the uterus.
3. More or less livid hue of the mucous membrane of the vagina and uterus.
4. The lower uterine segment becomes thinner and softer than in the non-gravid organ. — H. D. CHAMPLIN, A.B., M.D., in *Medical Era*.

THE ADMINISTRATION OF CARBONATE OF LIME AS A MEANS OF ARRESTING THE GROWTH OF CANCEROUS TUMORS. — Nearly twenty years ago Dr. Peter Hood published a communication on the value of carbonate of lime in the form of calcined oyster-shells, as a means of arresting the growth of cancerous tumors. In the "Lancet" (May 7, 1887), he publishes a second communication on the same subject, in which he states that, although his opportunities for employing it in suitable cases have not been large, the results which he has attained through its use have been very satisfactory. He refers to several cases in which a persevering use of the calcined shell powder arrested the growth and pain in tumors undoubtedly of a cancerous character. Dr. Hood urges the persistent and fair trial of this remedy in cases of cancer, where the nature of the affection is early recognized. It can do no possible harm; it need not interfere with other remedies for the relief of pain; its action can be referred to an intelligible and probable hypothesis, and it has been of utility in a sufficient number of cases for warranting us in reposing some confidence in its use. An advantage of the treatment is, that the remedy may be readily prepared at home by baking oyster-shells in an oven, and then scraping off the calcined white lining of the concave shell. The substance thus obtained is to be reduced to a powder, and as much as will lie on a silver quarter taken once or twice a day in a little warm water or tea. — *Medical Record*.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

STATED meeting, Dec. 1, 1887. Vice-President L. A. Phillips, M.D., in the chair.

The records of the preceding meeting having been approved, the censors reported favorably upon the following candidates, and they were unanimously elected to membership: Mary K. Gale, M.D.; Lucy Appleton, M.D.; Julia M. Plummer, M.D.; Ann C. Stewart, M.D.; Stephen H. Blodgett, M.D.

The following were then proposed for membership, and referred to the censors: J. N. Knight, M.D., of Saugus; William H. Lougee, M.D., of Lawrence; Irving S. Hall, M.D., of Waltham.

The amendment to the constitution regarding the admission of members, which was presented in writing at the last meeting, was then unanimously adopted.

The Committee on Annual Meeting then reported through the Secretary, recommending that the annual meeting be held at the Parker House, that the supper cost \$1.50 per plate, that there be no scientific session, and that the post-prandial exercise consist of speaking, and music by a quartet. This report was accepted, and the recommendation adopted.

The following committee of three was then appointed to arrange for a place of meeting for the coming year: Alonzo Boothby, M.D.; Caroline E. Hastings, M.D.; F. C. Richardson, M.D.

SCIENTIFIC SESSION. — Subject: The Relation of Public Schools to Health.

L. A. Phillips, M.D., read a paper entitled, "Public School Education as a cause of ill health in girls."

Dr. Phillips spoke at some length upon the work required of girls in the public schools, and how impairing it was upon their health. He did not assume that school life in itself was responsible for all the ill health developed during its continuance, but after making due exceptions for outside influences he still found altogether too large a percentage which could be traced back to the school system. He considered the critical time in a girl's life was after she had passed the age of thirteen years, and after that time she should be handled with great care, especially in regard to schooling. He did not believe that the work demanded in almost any school could be done without greatly overtaxing the pupil's health. In closing, Dr. Phillips said: —

In offering some few suggestions for the better protection of health in the schools, I would not for an instant presume to advise or instruct the educators how their work should be done; this is a task for which they only are competent, and one the great difficulty of which we recognize. But we must, nevertheless, demand a modification of existing requirements in some way, that relief may be afforded to the overtaxed nerves of our school-girls, especially during the years when the danger of permanent injury is so great. Knowing that the seeming disregard for health, on the part of the school authorities and teachers, is not due to wilful neglect, but because that, in their zeal for the mental development of the children, they have failed to realize that they had a duty in any other direction, or that any injury was resulting from existing conditions; believing that they are not only willing, but desirous of doing whatever will be for the highest good and most perfect development of those under their care; and trusting that the evidence presented will convince them that something should be done in this matter, — I will venture to suggest directions in which the desired reform seems to me possible, hoping others will add other and perhaps better suggestions, and that with these our schoolmen may construct a plan which will save many of the girls of the rising generation from the chronic invalidism which must surely result from a continuation of the present system.

First — A distribution of the required study over a longer period of time. This, it may be claimed, is now and has been the privilege of each and all students or their parents; but while this may be nominally so, practically it is not so, for, with class associations and graded divisions, the humiliation of being set back a whole year, and into a lower class, because the work required is a little too much, makes such a course almost impossible to the sort of children who are in most danger of injury.

Second — Longer vacations for girls at this critical age, i.e., between twelve and sixteen. I have felt it necessary in numerous instances to order this relief, and, despite the disappointment and chagrin it usually occasions, I have seen as a result almost invariable improvement in health. Give these physiological changes a chance to take place as nature intended and as future health demands, and not exhaust the nervous forces to such an extent that development is impossible. Six months of study in a year during this period is all they can safely endure. I have found that the last two months of the school year break the health of more girls than the other eight.

Third — Let me ask, is it necessary, is it reasonable, to prescribe and enforce the same course and exactly the same branches of study upon all, irrespective of mental differences and individual tastes and peculiarities? Cannot elective courses be made practicable, at least after some definite point is reached, at which the capabilities and inclinations of the individual are generally apparent? Do not compel children to spend time and strength upon that which it is evident they can never use or enjoy. It is being demonstrated more and more forcibly every year, that only those who apply themselves to one line of work, and that the one for which their individual tastes and ability especially fit them, are notably successful, or accomplish much in any walk of life. The general direction to be taken by each individual should, it seems to me, be recognized and respected in school training, and when it is, there will be fewer disappointed and more successful men and women.

Fourth — Let intelligent, systematic, physical training have a place and an allotted time in every school, from the kindergarten to the university. Let it be as much a requisite for the teacher to know how to direct this exercise as to solve an algebraic problem; or else employ a special instructor, who shall devote his whole time to a number of classes, and let this training be adapted, as it is in our best gymnasiums, to individual needs. Develop the weak parts, and thus produce symmetry, strength, endurance, health, and with these the ability to do more and better mental work at the same time.

Finally — Let us, as individuals, as representatives of the profession whose chief object of interest is the public health, and as a society whose purpose is to enable its members, by concert of action, better and more successfully to do their duty in maintaining and restoring health, — in all these capacities let us not only call attention to this evil and urge a reform on the part of the educators, but earnestly and persistently impress upon the minds of parents and children the importance, yes, the necessity, of making health a matter of primary consideration; of making fashion in dress, in exercise, in accomplishments, in every thing, yield to health when they come in conflict. And we must not be satisfied with once sounding the alarm, assuming that we have then done our duty; but, as in the case of a conflagration, repeat the cry again and again, until the whole populace is aroused, and the evil corrected.

Since the foregoing was written, my attention has been directed to a little book by Dr. S. Weir Mitchell of Philadelphia, entitled "Wear and Tear, or Hints to the Overworked," in which he presents some statistics to re-enforce his statements, which in themselves, while only relating to nervous diseases, are much stronger and more appalling than any thing I have offered. As furnishing evidence of a very strong character, and from one of the highest authorities, that this is not a mere hobby of mine, but is a matter of general observation to those whose eyes are opened to the facts, I would commend this little book to all who are interested in this question, and especially to those having authority, yet who fail to see or realize that they are, by overdoing a good work, converting one of the greatest blessings into a lifelong curse.

Discussion. — The discussion which followed was opened by Dr. I. T. Talbot, who said he was not one of those who believed in the unerring judgment of doctors as to the health of school children in general. The doctors saw only exceptional cases, and not the large number who were not broken down, and who really thrived on the public-school system. He would like an accurate census taken of boys, as well as girls, to see how many broke down in all grades of schools; and not until he had such figures to go upon would he dare to say that the schools were entirely responsible for ill health. There was no doubt but that some children were pushed harder than others, and it was a question that had occurred to all educators, but in the nature of things it could not entirely be helped.

Dr. Alonzo Boothby thought that if there was any deficiency in the present school system, it was that it did not make thinking men and women of the children, as did a somewhat more limited education in the country. It would seem that too much work was put upon the pupils in the city schools, and that enough attention was not paid to their physical condition. Less hours of study, and shorter terms, would be an excellent thing.

Dr. A. J. French of Lawrence said that attention should be given to the health of boys as well as girls. Time enough was not given to developing the physical constitution, which could not be established at all if not established before eighteen years of age. Country boys had this strong constitution, and upon it built their education, and so were better prepared for the hard work of life than city-bred boys. As to the ill health of the girls, it was not so much due to the excessive study forced upon them as it was to the faulty social system by which late hours and dissipation were encouraged. It was the duty of physicians to speak against these social customs as well as against the schools.

Dr. J. K. Warren of Worcester said that while all cases of ill health were not claimed to come from the school system, many of them did come from that cause. When a case of this kind was found by the physician, it behooved him to look into the cause. To his mind, the ranking system in the schools, and the worry and strain imposed on the pupils by the effort to "keep up with the class," bore more heavily on them than the mere study. He agreed with Dr. Boothby as to shorter hours.

Dr. Walter Wesselhoeft of Cambridge said the subject was one that required much thought. Whatever might be said, the fact remained that the school system was a necessity, and met the requirements put upon it. It was easy to criticise it, but not easy to improve. The faults found were not due so much

to the school system as to national habits of home and intercourse. A well-fed and brought-up child, when submitted to the demands of the school system, met them all and came out well educated and well trained. The truth seemed to be that the foundations for the weaknesses developed in some pupils were laid outside the school. What physicians could properly consider was not the methods of teaching, but the preparation of children for that teaching. To meet the abuses of this preparation was a better way than to attack the school system.

Dr. D. G. Woodvine said that many children in poor health came to the schools, and then their failure was charged to the schools. The remedy lay in the proper classification of scholars as to physical condition, and the provision of a sufficient number of teachers to care for such divided classes. One teacher now had too many scholars to care for. With a proper classification of scholars, and better heating and ventilating of schoolrooms, much would be gained. It would be hard to get reforms, for it touched the people's pocket-book, but they could be obtained by creating a public sentiment in their favor.

Dr. George B. Peck of Providence, speaking as a member of the School Board of his city, said that for the Providence schools he would plead "not guilty" to the charges brought forward. The faults, if any, lay in the physical training for the pupils before and during the course of study, which told more heavily against the girls than the boys. The public schools were adapted to the average boy and girl, and he had never known a scholar in average health to break down under the system.

Dr. D. B. Whittier of Fitchburg said that schools should be adapted to the pupils. Of the scholars, about one-third had inherited infirmities, one-third had acquired infirmities, and one-third were healthy. It was unfair to make the weaker two-thirds keep up with the stronger one-third. It was the machinery of the school system, rather than the study, that was responsible for ill health. One of the remedies was not to allow the children to go to school until seven or eight years of age.

Dr. Caroline E. Hastings of Boston thought, with Dr. French, that other causes than school-life produced ill health. When children could have nothing but school-life, then its effect could fairly be judged.

Superintendent Seaver of the Boston public schools said he had no defence to offer for the schools, — they spoke for themselves. He thought that statements that teachers tried to bring all pupils to an intellectual level, without regard to natural capacity, were made unadvisedly. A few visits to the schools would disabuse any one's mind of such an idea. The hours of

required attendance were growing gradually less, and the requirements more easy of attainment.

Dr. Phillips closed the discussion with a brief defence of his position.

F. C. RICHARDSON, *Secretary*.

THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY

held its annual session at the Parker House, on the afternoon and evening of Wednesday, Dec. 14. The meeting was called to order shortly after 3 o'clock P.M. The first business in order was the election of officers for the ensuing year, which resulted as follows :—

President, Alonzo Boothby, M.D. ; First Vice-President, Francis Brick, M.D. ; Second Vice-President, David Foss, M.D. ; Secretary (re elected), L. A. Phillips, M.D. ; Treasurer (re-elected), J. H. Sherman, M.D.

Dr. J. K. Warren was chosen to report on the progress in surgery, and Dr. Sarah E. Sherman to report on the progress in gynecology, for the year 1887-88.

The new members elected at this meeting were Drs. L. F. Potter of Malden, B. L. Dwinell of Taunton, Arthur Mitchell of Medfield, and E. A. Carpenter of Cambridge.

The papers read were as follows :—

President's Address, by George H. Payne, M.D. ; Report on Progress in Surgery, by A. Boothby, M.D. ; Report on Progress in Gynecology, by S. Manning Perkins, M.D. ; Lacerated Perinæum, by H. A. Houghton, M.D. ; Ulceration of the Cervix Uteri, by Sarah E. Sherman, M.D. ; A Malignant Tumor of the Breast, and its Treatment, by Francis Brick, M.D. ; Coccycodinia, by E. M. Hale, M.D., of Chicago ; The Question of Sex in the Profession, by L. A. Phillips, M.D.

The discussion following the reading of the papers was exceedingly animated, and fully participated in. The subject of cancer of the breast was very fully considered by those present, the relative merits of treatment by the knife, the caustic, etc., being dwelt upon. Three cases in which the use of iodide of arsenic seemed to be followed by much benefit were reported.

Dr. A. M. Cushing related a recent interesting experience, *apropos* of nitrite of amyl. A patient in labor demanded chloroform ; having none at hand, he made use of nitrite of amyl *ix*. The delivery was by forceps, and somewhat difficult ; but at its conclusion the patient expressed herself as having had no consciousness of suffering. Dr. Cushing submitted it to the Society to decide how far this was the result of imagination, and how far of the anæsthetic properties of the drug.

The meeting was felt by those present to have been one of the most pleasant and satisfactory in the annals of the Society.

REVIEWS AND NOTICES OF BOOKS.

A COMPLETE HANDBOOK OF TREATMENT. By William Aitken, M.D., F.R.S. Edited by A. D. Rockwell, A.M., M.D. New York: E. B. Treat. 1887. 444 pp.

This convenient-sized volume is a skilful condensation of Dr. Aitken's famous and cyclopædic work on the Science and Practice of Medicine, with editorial notes tersely setting forth treatment recommended by other practitioners of note, American and foreign. It gives adjuvant and palliative as well as merely drug treatment, and to the "regular" practitioner would doubtless prove a useful and suggestive companion. It is neatly gotten up, and substantially bound.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, M.A., M.D., LL.D. Sixth edition. New York: D. Appleton & Co., 1887. 802 pp.

A study of this highly popular work of Dr. Bartholow, is a study of the present attitude, resources, and preferences of so-called "rational" medicine. It is voluminous, complete, and to no slight degree dogmatic; its utterances have often the conscious finality of an *ipse dixit*; and the fact that the demand for the work has already necessitated the preparation of a sixth edition, — the first having appeared only in 1876, — shows that if authority is claimed for its teachings, it is also recognized and ceded. The materia medica and therapeutics of the "rational" school — these terms being employed in their strictest sense, and with reference to the application of drug-substances to the cure of disease — can have little more than a historic interest to the homœopathist, whose specialty in the vast field of medical science is materia medica, and who, in so far as he is worthily and scientifically a homœopathist, is master of that field beyond the power of any teaching of his adversaries to give him further mastery. To the conviction, on the part of the homœopathist, of the non-necessity, in general, of consultation of the therapeutic works of the old school, is added an especial unwillingness in the case of the present work of Dr. Bartholow, because of the quite amazing unfairness shown by this author in his references to the history and status of homœopathy. Take, as a single instance, his remark on p. 210, that "Mesmer, Perkins, Hahnemann, appeared nearly simultaneously, and the theories of these three apostles of new creeds were developed by the revolutionary spirit of the times, rather than

by original study, and were not the products of a systematic application to the truths of such science as then existed." To any fair-minded student of the history of Hahnemann and his teachings, the author of such bigoted nonsense as the above has left to him only the choice between the two horns of a dilemma: he is by himself "writ down" as either ignorant of plain historical facts, or guilty of wilfully falsifying them through a prejudice as anachronistic to-day, as it always was belittling and incomprehensible. Take, too, his observation in his paragraph on the use of aconite, p. 656:—

"The monopoly by homœopathic practitioners of the use of aconite, has aroused a prejudice against it which has discouraged its employment. Aconite is, however, an antagonist to the fever process: it is not applicable in accordance with the so-called law of similars. It is used by these quacks, because it is a powerful agent which will produce manifest effects in small doses that may easily be disguised."

When one considers that it is to the leader of "these quacks," that the medical world is indebted for the suggestions as to the use of aconite in fevers, and that under his guidance it mercifully supplanted the murderous lancet which was, in his day, the one resource of "such science as then existed," one's indignation waxes hot, that a teacher to whom students look, as they do to Dr. Bartholow, for honest facts on which to base their yet unformed opinions, should so prostitute his high calling to serve the ends of petty personal enmity. We have dwelt thus at length on Dr. Bartholow's injustice to homœopathy, not because we feel that homœopathy is at all likely to suffer from it, but because it offers so signal a refutation to the oft-made statement of the more liberal thinkers of the "regular" school, that would homœopathists but consent to renounce their name, no ill-will or prejudice on the part of their adversaries would prevent their holding an honorable place in those adversaries' councils, public and private. Let such thinkers read these paragraphs above quoted, and then ask themselves if any self-respecting practitioner in the homœopathic school will accept a fellowship which does not explicitly repudiate such statements as false in fact, and unmanly in spirit.

In the sphere of therapeutics other than strictly medicinal, Dr. Bartholow's work has much to commend it to the progressive practitioner. The remedial value of certain forms of diet, for example, furnishes a suggestive and interesting chapter; and one may learn the last word on the uses of heat, electricity, and massage. In those paragraphs on the study of each drug which are devoted to its so-called "physiological action," the homœopathist may find much of practical value in the way of

pathogenesis. One may ironically amuse one's self with the spectacle of the vituperator of homœopathic "quacks," gravely setting forth the possible therapeutic value of "metallo-therapy."

The work is presented in a thoroughly desirable and handsome form, as is the case with every thing issuing from the press of Messrs. D. Appleton & Co.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F.R.S. Edited by T. Pickering Pick. Revised and re-edited by William W. Keen, M.D. To which is added "Landmarks, Medical and Surgical." By Luther Holden, F.R.C.S. Philadelphia: Lea Brothers & Co., 1887. pp. 1100.

The Mohammedan without his Koran, the literary classicist without his Shakespeare, would not be more adrift and forlorn than the student of anatomy without his "Gray." Many textbooks on this fundamental introduction to medical study have from time to time appeared; but as far as solid and permanent popularity and leadership are concerned, this bulky volume may say of its chosen field of reign, *l'empire, c'est moi*. The present edition, which is a new American one from the eleventh English edition, is in many respects an advance over any previous ones. Students can no longer complain of its pages being "colorless," since if the text is, from the necessities of the case, uncompromisingly severe and barren of ornament, the illustrations gladden the eye with their lines of bright and pure color, albeit it is color enlisted to utilitarian rather than artistic service, and decidedly grim utilitarianism at that. These color-traceries, however, are a welcome and most practically useful innovation, and greatly facilitate the weary process of searching out and memorizing the course of blood-vessels and nerves. Among other noteworthy additions are sections on the actions of individual muscles as shown by electricity; on the blood-vessels of the brain, as demonstrated by Ecker, Duret, and Heubner; on cerebral localization and topography, as amplified by the studies of Ferrier, Horsley, and others; on the divisions, points of origin and emergence, of the spinal nerves; general remarks on hernia, etc. A short but highly suggestive chapter on the "Systematic Use of the Living Model in Teaching Anatomy," forms a preface to the text. On the whole, the work is a classic and a model, and perfect to a degree almost if not quite unequalled by any other text-book in the field of medical literature. The student who flings it gleefully down at the conclusion of the dreaded "exam" which closes his first-year studies will be the first to set it on the book-shelves over which hangs his degree, there to remain as a friend and counsellor with whose services he will never be able wholly to dispense.

The press-work and binding are entirely unexceptionable, a fact that in the case of the present publishers goes without saying.

THE CENTURY for December deals, in the life of Lincoln, with the highly interesting events connected with his inauguration. Kennan continues his Russian studies by a paper on the "Prison Life of the Russian Revolutionists." Frank Stockton begins a fresh chapter in the history of that delicious pair, Mrs. Lecks and Mrs. Aleshine. There is a short essay containing a most amazingly ferocious criticism on the acting in Irving's "Faust;" so virulent a piece of writing, indeed, that the presence of vitriol as a sauce at a friendly banquet could hardly be more surprising than its appearance in the usually courteous and temperate "Century." Essays, poems, and short stories enrich and complete the issue. New York: The Century Company.

THE December POPULAR SCIENCE MONTHLY has as its central feature a delightful paper on the boyhood of Darwin; reminiscences of his early life, written by himself for his children, and with no thought of future publication. There is a contribution on "Science and Practical Life" by Professor Huxley; a fascinating article on "The Color of Words" is furnished by N. E. Newell. An hour with the magazine is an hour entertainingly and profitably passed. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. Byford, A.M., M.D., and Henry T. Byford, M.D. Philadelphia: P. Blakiston, Son, & Co., 1888. 820 pp.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. Vols. v., viii., xi., and xii. New York: William Wood & Co.

THE RECTUM AND ANUS: THEIR DISEASES AND TREATMENT. By Charles B. Ball, M. Ch., F.R.C.S.I.

HEALTH LESSONS. By Jerome Walker, M.D. New York: D. Appleton & Co.

DISEASES OF THE SPLEEN AND THEIR REMEDIES CLINICALLY ILLUSTRATED. By J. Compton Burnett, M.D. London: James Epps & Co.

MISCELLANY.

THE DOCTOR'S CHORUS.

WHEN the worn and weary doctor is a-driving,
Is a-driving,
To see some nervous patient far away,
Far away,

Who can blame him if a little he is striving,
 Vainly striving,
 To forget him, and go somewhere else that day,
 Upon that day?

How well he knows the story to be told him,
 Slowly told him !
 He has listened to it many times before,
 Oft before,
 And has wished that the story and its teller,
 Dismal teller !
 Could providentially go hence forevermore,
 Forevermore.

But here he recollects that at the next place,
 Very next place,
 There lives a maiden young and fair to see,
 How fair to see !
 Who is not so very sick nor very nervous,
 No, not nervous,
 And she looks and speaks to him quite charmingly,
 Quite charmingly.

Then in the night when slumber's chain hath bound him,
 Gently bound him,
 How from dreams he is awakened by the sound,
 Unwelcome sound !
 Of the "night bell" ringing loudly to arouse him,
 Rudely rouse him,
 And make him from his warm bed quickly bound,
 Quickly bound.

But not to him so unexpected either,
 Expected either,
 Is this summons in the middle of the night,
 Peaceful (?) night,
 For he grasps a bottle of sulphuric ether,
 Blessed ether,
 And some forceps which he quickly brings to light,
 Brings to light.

And when the morning comes and finds him weary,
 Oh ! so weary,
 And he seeks a little rest in one short nap,
 Just one short nap,
 He has scarcely closed his eyes on all things dreary,
 Very dreary,
 When he's suddenly awakened by the tap,
 Loving tap,

Of his wife's hand on his shoulder gently lying,
 Gently lying,
 And he listens, half asleep, to hear her say,
 Softly say,
 "Doctor dear ! old Mr. Brown, they say, is dying,
 This time dying,
 And they've sent for you to go without delay,
 Without delay."

And so between the coming and the going,
 Coming, going,
 That make up the daily round of human life,
 Sad human life,
 The doctor's kindly face is always showing.
 Past his knowing
 Is the strength he ever gives us for the strife,
 Life's bitter strife.

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EDITORIAL.

—♦—
A CERTAIN TYPE OF NEUROTIC.

IN a recent issue of the "Medical Record," Dr. J. Milner Fothergill discusses, in a paper which for felicity of diction and abounding epigrams is worthy of a medical Addison or Steele, a certain type of neurotic, whom he classifies as the "neurotic with indigestion and lithiasis." He regards this typical patient as distinctively American: the counterpart and antithesis of the "robust, bulky country squire, with his hands and feet deformed and unsightly from gout," whose ills demand such frequent attention from the English practitioner. With a daring drollery, Dr. Fothergill looks upon the restless energy of those revered Pilgrim Fathers who came across seas "to give" (as who is it? — Dudley Warner? — says) "the Indian, Quaker, and Baptist an opportunity to worship God according to the dictates of his (the Pilgrim Father's) conscience," — as a form of neurosis, and adds, "No wonder that the descendants of these men are more neurotic than their English cousins, the children of those who were content to bide at home." When the typical neurotic is found in England, our author finds him almost invariably a dweller in cities. And this doubtless is true of America also, since that quickness of mind, sensitive need of pleasure, and bright talent for affairs, which find congenial environment only in cities, have, as their "seamy side," the neurotic tendencies which Dr. Fothergill here seeks to typify. If it be true that

"God made the country, and man made the town," it is evident, as might have been expected, that Divinity has succeeded better than man in providing surroundings in which families can longest and most healthily endure, though not necessarily, as our own Holmes plaintively points out, most keenly enjoy themselves. We are told that city-bred families, in both Paris and London, become extinct, as a rule, with the third generation; it would be interesting to know, on statistical evidence, if the same holds good of our large American cities. At all events, our cities unquestionably do produce the type of neurotic Dr. Fothergill vividly describes; so vividly, that one glances up from the printed page, half-expecting to see seated opposite, in one's consulting chair, the "individual of thin flank, the spare, worn-looking man," whose tale of woe, according to both Dr. Fothergill and the too familiar experience of every American city-practitioner, runs as follows:—

"He complains of indigestion, acidity, and flatulence. . . . Occasionally he has asthma. He has cold hands and feet. . . . Evidence of shrinking kidney is accompanied by a large left ventricle, a loud aortic second sound, and a hardening artery: the phenomena of the vaso-renal change. . . . His nails are reedy, and there is a vascular plexus in the conjunctival aspect of the lower eyelids. Commonly the gum is retracted, and the teeth worn down. There are pretty constantly sediments in the urine."

How to relieve this familiar product of our civilization, Dr. Fothergill confesses to be a problem, and offers but few suggestions toward its solution. The never-failing shibboleth of allopathy, "Clear out the alimentary canal," is of course pronounced, and a few sensible dietetic suggestions close the discussion. Fortunately for our typical neurotic, he is sometimes inclined toward homœopathy, in which case he will find medical wisdom to wear a hopefuller face. Having dismissed the father, we turn with Dr. Fothergill to look upon the daughter, the following description of whom may well be counted a "classic page."

"But his daughters—the migrainous daughters of hard-working fathers—what sort of womenkind are they? *Petite*, active beings, often birdlike in their walk and movements; quick as lightning; acute, sensitive, highly

strung, high-minded, and quick-tempered ; energetic and industrious ; neat in their attire ; intolerant of dirt — the sight of a cobweb is agony to them ; every sense is highly strung, and, when suffering with migraine, on the stretch, till it is scarcely exaggeration that when lying in their bedroom they can hear the cat walking across the kitchen floor. Their complaint is of migraine ; ‘face-ache’ or ‘neuralgia’ they call it ; a one-sided headache around the eye, with pain in the eye itself, accompanied by sparks or stars, commonly ending in vomiting. They complain of palpitation, and also of an opposite condition of heart-failure, which differs from syncope in that there is no loss of consciousness. The condition is one of intense suffering. They have choking sensations at times, as if they could not get their breath. They complain of indigestion, with acidity and flatulence, while the bowels usually are constipated. They pass water in considerable quantity, especially when excited, and still more decidedly during the attack of migraine. Sometimes they pass water in less quantity, but dense, and highly charged with lithates. They constantly complain of dysmenorrhœa, usually with a scanty loss, but sometimes menorrhagia. Their internal reproductive organs are imperfectly developed, remaining more or less infantile, while the ovaries are tender. . . . Some are incapable of impregnation, while others can become pregnant but abort. Some can bear a feeble, delicate child or two ; but, speaking broadly, they are not a fertile folk. Commonly, they have rheumatism somewhere, usually in their shoulders, because they have a habit of putting their arms out from under the bedclothes, and throwing them over their heads. . . .

“They are charming patients, always attached to their physicians ; never out of some doctor’s hands long together. Yet they do not get much good, and rarely when they do is it lasting. It is difficult to diet them ; for, though they can take good care of any one else, they seem incapable of taking sufficient care of themselves. Experience teaches them comparatively little. When feeling fairly well they forget the physician’s advice and warning. They seem able to borrow from themselves to-morrow’s energy. They will be the soul of a party one day, ending up with a night at the theatre, — the gayest of the gay. Next day is spent in bed, in a darkened room, with a racking headache, the brow contracted with pain, begging to be left alone in their misery, — the saddest of the sad. At other times they will awake with a sharp headache, improve as the day goes on, and dine out in the evening with a sense of enjoyment. Their friends and acquaintances cannot make them out, or understand them. They themselves always complain that they cannot do what other people do, and that they are not understood ; and not unjustly. They are not as other people. Ardent, enthusiastic, capable of great self-denial, they are a race by themselves. They have played an active part in many modern movements.”

Concerning her, as concerning her father, Dr. Fothergill finds that medicine has nothing very cheerful to offer ; and here, again, the homœopathist has reason to congratulate himself on

the wider scope and the deeper foundation of his therapeutic system. The dietetic hints are varied and interesting: he suggests her adopting the food of the patriarchs, "corn, wine, and oil," meat sparingly, fruit in abundance.

Most of us, at first impulse, will feel tempted to quote concerning the neurotic, as Dr. Fothergill does, Mrs. Poyser's fervent wish apropos of Mr. Craig the gardener, that "It is a pity he couldn't be hatched over again, and hatched different." But on second thoughts, — well, French philosophy teaches that every man must look to possess *les défauts de son caractère*. Possibly the correlative medical axiom would be, that every man must possess the diathesis of his temperament. And surely to the temperament burdened with the neurotic dyscrasia, the world owes much of its progress and most of its inspiration. Not improbably, were he, endowed with prophetic insight, allowed his choice, the town-bred neurotic, man or woman, would prefer the "crowded hour of glorious life" to the "age without a name" of the lumpish, robust, country-bred squire, with whom Dr. Fothergill presents him in contrast.

EDITORIAL NOTES AND COMMENTS.

THE GENERAL PRACTITIONER — or, in that good old-fashioned phrase which stood for a very substantial and well-beloved entity, the "family doctor" — seems in danger of being specialized out of existence. The human body, pathologically considered, is divided by modern medical art, not, like ancient Gaul, into three parts, but into parts without number; and "family doctor" refers no longer, in the old homely useful way, to the healer of a family of individuals, but to the specialist treating a family of diseases. Physicians for the eye, the ear, the nose, the skin, the throat, the lungs, the kidneys, the reproductive apparatus, the nerves: — in good faith, it reminds one of the old story of the small boy whose grandmother died, and who was told that her body was in the grave, and her soul in heaven. "But where," he sobbed in bitter perplexity, "where is *grandmother*?" That is what one is tempted to ask, sometimes, of the crowd of specialists rushing to treat every separate part

of a sorely be-specialized body : who is left to treat the *individual*, the patient who must sometimes take the liberty of viewing himself as a whole, and yearning to be treated accordingly? Doubtless the modern idea has its advantages and its uses, as it certainly has its able exponents and defenders. The tendency of a complex civilization is inevitably toward a minute subdivision of labor.

It is natural that one can know more of a part, than of the whole ; our danger lies in too much ignoring the fact that the whole is greater than any of its parts. George William Curtis said once of Dickens, that if a man had a large nose, he was to Dickens nothing but nose ; and it is too apt to be the case with our modern specialist, that where a man has a diseased throat or a defective ear, he sees in him only throat or ear. He forgets or ignores, — nay, since fragmentary practice is sometimes made to justify fragmentary training, he may be ignorant, — how often nearly identical symptoms may arise from widely differing pathological causes, and honestly and eagerly commit a patient on the spot to a prolonged course of special treatment, when a much briefer and less awe-inspiring course of general treatment would have saved the patient time, money, and it may be suffering. We willingly admit that the converse of this is not infrequently true, and the patient's pain is prolonged under general treatment, when it might be shortened under that of a specialist. Most shields have two sides. We would only venture to suggest that specialization, which is, in a sense, the catch-word of modern medicine, may have its dangers also ; dangers which can only be obviated by a wide and thorough preliminary training, a carefully cultivated impartiality of mind as regards diagnosis, and an exceedingly sensitive professional conscience. General practitioners are sometimes blamed for hesitation in submitting a case under their charge to the diagnosis of a specialist in the morbid condition suspected. The general practitioner may have in mind other and former patients, who, recommended to a specialist for diagnostic purposes, returned to him no more forever ; and that, too, without going under other or more efficacious treatment than that which he himself was competent and prepared to pursue. Unhappily, when patients and not purses are in question,

"Him as prigs what isn't his'n,
When he's cotched, *don't* go to prison!"

and the loser must bear his loss as he may. We are far from saying that this is the rule, but it is not an entirely rare exception. And in this, as in so many other of this world's complexities, the conscientious specialist suffers for the sins of his less scrupulous confrères.

There was something very good and very noble, in its way, in the relation of the typical "family physician" of aforetime, to the little separate groups of humanity, to all of whose physical and not a few of whose spiritual ills he was called to minister, from the hour when his hands ushered them in through the portals of life, to the hour when the same kind hand, trembling with friendly sorrow, gently shut the eyelids down. Such a relation, however unfashionable, is not quite impossible even to-day; and into its quiet possibilities the yet undergraduate physician would do not ill to study, before turning, as a matter of course, down some more alluring by-path of specialism.

THE NEW BUILDINGS SOON TO BE ERECTED FOR THE NEW YORK HOMŒOPATHIC COLLEGE AND HOSPITAL form the subject of a recent interesting descriptive and illustrated article in our lively contemporary "The Chironian;" and the article is reproduced, with editorial comments, in "The Hahnemannian Monthly" for December. We are sure that our readers cannot fail to be interested in so noteworthy a "new departure" on the part of so well-known and honored neighbors; and we therefore quote from the article mentioned a few descriptive points of leading interest:—

"The Homœopathic Medical College and Hospitals are intended to form a group of which the College building—high and massive—will be the centre, and the different Hospital Pavilions the wings; the College appearing between two of them, from whatever point the buildings are viewed. The lot being two hundred feet wide on the boulevard, and on an average about as deep, allows of this arrangement, four corner pavilions and a central *corps-de-logis*. Fronting eastward toward the boulevard, but a little back from the street line, rises the lofty gable of the College flanked by its staircase towers; and on either side, and coming forward to the front, rises a similar but smaller gable, that of the Medical Pavilion to the south, that

of the Surgical Pavilion to the north. The northern face will show the flank of the Surgical Pavilion on the left, and on the right the Maternity Hospital, with the College between. The southern face will consist of the Medical Hospital on the right, and on the left the Training School for Nurses, which, however, is rather the dwelling of the nurses, their real school being the hospital wards themselves. It is intended that the whole composition shall be in several shades of a somewhat warm and rosy gray; the terra-cotta for the cornices, copings, sills, and jambs being already selected, with the brick to correspond of the color described. And as to the architectural style, it is late French-Gothic, the style of the second half of the fifteenth century. . . .

. . . "The building has five principal stories, besides the *mezzanines* above described; but there is also a system of subordinate floors for the professors' rooms. Since the main stories are very high, seven private rooms on the different levels are got in the height of the building. These rooms connect directly with the lecturer's desk in each large room. It is intended to keep this vertical shaft, the seven-story house, with its private staircase and its elevator, for the exclusive use of the instructors, and for their intercourse with those students only who have to see some one of them privately.

"The Hospital Pavilions will all more or less resemble the Surgical Pavilion. Each ward is to contain twelve beds, and to each ward will be attached a day-room for convalescents, having a dumb-waiter to the kitchen; a service-room for bandages and poultices, with a gas-stove or other fire-place, and connected by a special dumb-waiter with clean-linen rooms in the attic; a nurses'-room, bath-rooms, closets, and a room for examinations and operations by the surgeon in attendance. Each floor is connected with a large elevator which goes down to the basement; this elevator will contain a bed with its two bearers, so that a patient can be taken up or down without disturbance or agitation; and, in the basement story, a door opening directly on the street gives easy access to an ambulance. In the roof, or attic story, are the laundry, consisting of washing-room, drying-room, ironing-room, and mending-room, a kitchen, service-room, and dining-room, cook's room, bath-room, and closets as below; three lifts or dumb-waiters are arranged, one for dishes for the patients, for broth, hot water, etc., for the different wards, one for soiled linen coming up, and one for clean linen going down.

"The Hospital Pavilions are to be absolutely fire-proof; and the same means, the same choice of material, which gives this safety, will also give hard and non-absorbent walls, floor, and ceilings, which infection cannot permeate, and which can be washed as completely, if not as easily, as a china bowl. The ventilation is also to be very complete, and arranged both for winter and summer.

"It is intended to heat all the buildings by means of boilers adjoining the College on the south side, and pipes to radiators in each separate building."

Apropos of the richly-deserved good fortune which has given our New York *confrères* such a fitting home for their inestimably useful work, "The Hahnemannian Monthly" remarks:—

"When the Boston and Philadelphia schools were rejoicing over the consummation of their college and hospital building plans, the professors of the New York College joined in the congratulations and festivities with a heartiness that could not be mistaken; and now that the latter school is about to provide herself with a local habitation worthy of her record, her faculty, and her alumni, she will receive from her sister schools a reciprocal and most cordial 'God-speed.'"

To which the GAZETTE begs leave to add, in the words of Captain Cuttle, "Hooroar! *Our* sentiments!" May all good luck and good will cross the threshold of the stately buildings, with the feet that enter there for noble ministry; and as our brethren of the Empire State will assuredly climb from effort to effort, so may they climb from success to success.

THE FAVORABLE REPORT OF THE COMMISSION appointed in New York to consider the substitution of electricity for hanging in the execution of death-sentences, is a step wholly in the right direction, and comes appropriately enough at the beginning of the new year, which we all hope may be a better year than any of its predecessors. It is quite time, at the end of the nineteenth century of that religion whose distinguishing principle is that of mercy, that we should be searching out means of putting a poor wretch to death, if die he must, without the employment of tortures that might put paganism to the blush. There can be no doubt that death by hanging involves a degree and duration of suffering which humanity must be hardened out of all likeness to itself to contemplate without a recoil. Unquestionably in the case of two, at least, of the Chicago anarchists, this was so. When we pause to realize how an eternity of agony may be crowded into a time which an on-looker coldly counts by minutes, we dare not face the fancy of the minutes that intervene between the foot of the gallows-steps, and the final unconsciousness. And yet it is well for us to face that fancy, that we may manfully and effectively interest ourselves in such measures as the one under discussion, and help to form the public

opinion, at whose demand alone, electricity, slaying with a touch, will replace the sickening paraphernalia of the gallows. There may be many technical obstacles to overcome before the details of such a method could be made to work perfectly to their purpose; but science, lured by gold, has solved harder problems than is here set before it by mercy and humanity. It is not for a medical journal to discuss the necessity and efficacy of the death-penalty as a means for the repression of crime. But it is for the physician, whose heart is too often wrung by the contemplation of what humanity must suffer, to protest, and that with no uncertain sound, against the addition, by but a feather's weight, of avoidable pain, to that bitter sum.

COMMUNICATIONS.

ON *ARSENICUM IODIDUM*.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

WHEREIN lies the difference described in my last communication, and the cured cases reported by Nankivell, myself, and others?

Certainly not in the emaciation of the patient, for some of the cured cases were far thinner than some of the fatal cases.

Almost certainly not in the presence or absence of cavities in the lungs, for some cured cases had cavities, while in some fatal cases skilled auscultators altogether failed to detect the existence of a cavity.

The solution of this vexed question largely belongs to pathological anatomy, a department of medical science which must always engage the attention of the homœopathic physician who desires to be something more than a mere symptom-monger. The time was,—and not so very long ago, either,—when a practitioner of our school hardly dared to admit that he passed beneath the external signs of disease, and strove to connect these signs with the underlying morbid state; but that time has passed away, and now but a mere fraction of our school shuts its eyes to pathological anatomy,—which, with a curious ignorance, they persist in styling *pathology*! Then we are told that Hahnemann did not attend to pathological anatomy. True; but then morbid anatomy did not really exist till years after Hahnemann discovered the law of therapeutics, and then he was so

engrossed with his provings, and so embittered against his persecutors, that he slighted the study of pathological anatomy, as well as auscultation and percussion and other aids in diagnosis. But because Hahnemann did not auscultate his pulmonary patients, shall we content ourselves with merely asking a string of questions? Certainly not. We will ask the string of questions, and auscultate and percuss too; and the physician who does both must, in the very nature of things, surpass the physician who does only one. I would repeat, then, that in determining the place and power of the iodide of arsenic in the treatment of consumption, the post-mortem appearances must be studied as well as the signs and symptoms observed during life.

Leaving out of consideration for the present Koch's doctrine of the bacillus tuberculosis, which, by the way, has not yet been accepted by the profession at large, we find that there are great differences between tubercular phthisis and the caseous form; the one resulting directly from the presence of tubercles, the other dependent, in the first place, on congestive and inflammatory processes. Of course, as Dr. H. C. Clapp points out in his admirable article on phthisis pulmonalis in the first volume of Arndt's "System of Medicine," "On a more careful examination, it was found that Virchow's caseous pneumonia was not, at its commencement, such a purely inflammatory process as he thought, for, from the beginning, tubercles could be found alongside of the inflammatory products, and also in the vanguard with them as these advance." But still very many cases are not necessarily tubercular in their origin, for any inflammatory effusion may undergo this degenerative change, and, in the words of Dr. Nankivell, "phthisis might exist, and run a more or less rapid and destructive course, without the formation of a single tubercle."

There are, then, varieties of the many-sided disease which we style pulmonary consumption; one primarily non-tubercular, the other primarily tubercular; and Dr. Powell's table of these varieties, cited by Dr. Nankivell, which originally appeared in the "Medical Times and Gazette," seems to be one of the best that we possess. It is as follows:—

PHTHISIS PULMONALIS.

A. *Non-tubercular* (primarily):

- a. Bronchial;
- b. Catarrho-pneumonic;
- c. Hemorrhagic;
- d. Congestive (from over-exertion);
- e. From presence of foreign bodies.

These varieties may terminate, —

- (1) In resolution and recovery ;
- (2) In caseation, induration, and fibrosis ;
- (3) In caseation, softening, and excavation ;
- (4) In the deposition of secondary miliary tubercle, and the establishment of tuberculosis.

B. *Tubercular* (primarily):

a. *Pulmonary tuberculosis* ; either of primary irritative origin, or occurring in general tuberculosis, and marked by rapid progress towards death.

b. *Pulmonary tuberculization* ; coalescing granulations tending towards degeneration ; of sub-acute or chronic course, sometimes permitting the fibroid change to occur when very chronic.

Dr. H. C. Clapp, in his contribution to Arndt's System (vol. i. p. 234), argues, with great force, that "the caseous and tubercular varieties must be coalesced and form the other great division, to be called caseous or catarrhal phthisis, there being now no longer any reason for their separate maintenance, tubercles originating both." Rindfleisch holds that "every acute catarrhal pneumonia, however sudden and well-marked its onset, may pass into the chronic form, give rise to cheesy deposits, and so lead to pulmonary phthisis." He continues, "A long series of special investigations has led me to the conclusion that it is only in a relatively small proportion of cases that miliary tuberculosis is wholly absent. I failed to discover it in two cases of cheesy infiltration running a rapid course with the formation of multiple foci of softening (*phthisis florida*) ; I failed to discover it in a few cases of phthisis secondary to measles, where all the bronchioles of a certain (though not of the very lowest) order were in a state of ulcerative dilatation, and immediately surrounded by caseous pneumonia, simulating thereby the appearances of a uniformly disseminated miliary tuberculosis."

Personally, I believe that at one end of the scale there is a group of cases almost purely tubercular, and at the other end there is another group almost purely caseous ; similar, in fact, to the cases I have cited from Rindfleisch. Between these two extremes we find an almost infinite diversity of combination of tubercles and cheesy deposit. In the purely tubercular cases, *ars. iod.* seldom avails as a curative agent, although it is the very best palliative. In the cases, such as Rindfleisch quotes, which are purely non-tubercular, *ars. iod.* is the remedy in a very large proportion of all the cases. In the mixed tubercular and caseous cases, *ars. iod.* is curative in exact proportion to the extent of tuberculization present. When tubercles are numerous, *ars. iod.*, or any other remedy, has but little chance ; if

tubercles are few, it will cure if any thing will. Nankivell considers that this remedy "has a very considerable sphere of cure in the first three classes of the non-tubercular phthisis, namely, those of bronchial origin, of catarrho-pneumonic, and of hemorrhagic;" and I feel confident that future experience will confirm this dictum.

As to the dose, Dr. Nankivell writes: "I have never used the high dilutions in these cases, and at present I am not inclined to try them. In susceptible cases I begin with the sixth decimal trituration, from a grain to a grain and a half, twice or thrice a day; but the third decimal trituration is the more usual preparation, and this I give in similar doses. The second decimal has generally been given in half-grain doses night and morning; if any looseness of the bowels or tendency to sickness should be manifested, it should be taken half an hour after meals instead of on an empty stomach." Just because nothing was known concerning the action of the high dilutions of this remedy in pulmonary complaints, I ventured on the use of the Hahnemannian thirtieth in selected cases. I found it quite effective in mild cases with little hectic and little emaciation. But my chief trust is in repeated doses of the fourth decimal trituration. In ordinary cases, I dissolve a powder, say a grain and a half, in six teaspoonfuls of water, and give a teaspoonful every hour; but in bad cases I give a grain dry on the tongue, every four hours. The fifth decimal trituration may be used in the same manner, but I think it acts best when given in grain doses every three or four hours. I have sometimes used the third decimal trituration in solution, but never the second.

PREMATURE ATROPHY OF ALL THE GENITAL APPARATUS FROM THE ABUSE OF MORPHINE.

BY DR. W. LEVINSTEIN.

[Translated from the *Centralblatt für Gynäkologie* by George R. Southwick, M.D., Boston, Mass.]

FUNCTIONAL disturbances of the genital apparatus have been observed from the abuse of morphine, but, so far as I know, there are not yet any observations published regarding the condition of the genitals of women addicted to the abuse of morphine. Regarding the former, my father has confirmed by his examinations that the continued use of morphine has an exceedingly destructive influence on the genital sphere of human beings. "In all women treated by me for the morphine habit, the menstruation had become irregular, or ceased for months and years. The amenorrhœa of the morphine-eater begins

with dysmenorrhea or occurs suddenly. It appears, therefore, that the cessation of menstruation is caused by abnormal processes in the ovaries, by which the latter become inactive. Hence it seems that menstruation does not take place, because there is no ovulation. The fact that chronic morphine intoxication destroys functional activity of the organs of generation finds its indisputable proof in that the sexual life of the female morphine-eater becomes active again after the withdrawal of the morphine, and that in a relapse of the habit, menstruation, which had become regular after leaving off the morphine, again ceases." We see, therefore, that in the long-continued use of morphine amenorrhea occurs, that is, the uterus as well as the ovaries loses its functional activity.

Experience teaches that in human beings who are confined in bed for many years, there occurs an atrophy of the muscles of the lower extremities. We know that in paralysis the muscles of the paralyzed side atrophy. We also know from many other examples that an organ loses its functional activity when it atrophies, and *vice versa*. It seems very probable that such disturbances which cause a loss of sexual activity are connected with objective degenerative conditions, or they lead to such consequences.

A woman who had formerly been treated in the clinic for parametritis and the morphine habit, exhibited in the most marked manner an atrophy of the entire generative apparatus.

We are not in a position to decide whether the great abuse of morphine was originally connected with the atrophy. The object in reporting the present case is to direct attention to the possibility of degeneration of the genital organs from the long abuse of morphine; at the same time the case serves as an example of cure by withdrawing the morphine with the aid of muriate of cocaine.

The records show that the patient visited the woman's clinic at this place six times in the beginning of 1884, to be treated for pains in the sacrum and sides. Examination at that time showed retroflexion, which was reduced, and the uterus raised by a pessary. It is also certain that the patient had already used opium or morphine in relatively large doses, as she exhibited those symptoms which follow abstinence from morphine, when one of these narcotics was suspended which she had received on account of her pain. The *status presens* taken each time showed an increasing condition of chronic morphinism. An examination of the genitals revealed a constantly increasing atrophy. The measurements of the uterus with the sound were as follows:—

March 22, 1885, 7 cm.

April 28, 1887, 5 cm.

July 19, 1887, $4\frac{1}{2}$ cm.

On July 19, 1887, the patient came for the sixth time to the clinic solely for the purpose of getting rid of the morphine habit.

Status Presens. — Patient is a small, delicately built blonde. She has given birth to three children, and nursed each one of them. The skin is relaxed, can be raised in folds. The panniculus adiposus has entirely disappeared. The muscles are very slightly developed. The mucous membranes are pale, the tongue is moist and coated. The pupils somewhat dilated, react slowly; thorax flat, intercostal spaces very much depressed. Mammæ very small, pendulous, and contain very little fat. The milk glands can be scarcely felt. The areolæ are small and pigmented a brownish red. The nipples are erect but not very prominent. The heart and lungs are sound. Temperature 38.0° R. Pulse 116, arhythmic, omitting the third and fourth beat. Abdomen lower than the level of the thorax (i.e., sunken), navel drawn in, the linea alba slightly pigmented, numerous old striæ, some separation of the recti muscles, abdominal walls relaxed and thin; tympany all over the abdomen; the vertebral column and the pulsations of the aorta can be distinctly felt; pressure on the abdomen is painful, especially at the promontory of the sacrum. The pelvis is sensitive to pressure in the centre, but not at the sides. The left groin is somewhat sensitive to pressure, and the inguinal glands can be felt at either side. The vulva are closed, the labia majora contain but little fat, and the perineum is intact. The vagina is relaxed, very short, projects in front of the spinal axis and to the left of the median line; the os is transverse and notched. Movement of the cervix to the right is restricted and painful as well as anteriorly and posteriorly. The uterus is anteflexed, very small, and drawn to the left side. Examination of the left anterior portion of the parametrium shows there is no resistance, but it is sensitive to pressure. The left fold of Douglas' pouch is thickened, shortened and painful; there is some resistance (the left ovary, $1\frac{1}{2}$ cm. long) near it in front of the sacro-iliac artery. The right parametrium is free from pain and without resistance; the right ovary is very small, and sensitive to pressure. The sensitiveness of the left fold of Douglas' pouch is best ascertained by examination through the rectum. Uterus $4\frac{1}{2}$ cm., slight ectropium.

We have here, therefore, a picture of extreme atrophy of the entire genital apparatus, and a smallness of the organs such as is only seen in infancy or old age. Let us review, here, those causes which lead to an atrophy of the sexual organs.

According to Schroeder, Cohnstein, Winckel, and others, we

distinguish two forms of acquired atrophy of the uterus and its adnexa, — the senile and the puerperal.

As in our case the patient was only twenty-four years old and had given birth three times only, that form of atrophy which occurs in the lying-in period should be considered.

Schroeder distinguishes three forms here, namely, those atrophies which occur at an early period of the lying-in state, especially in tuberculous patients, but as also seen in women who have puerperal fever. Another form of atrophy develops gradually in poorly-nourished women whose labor has taken a normal course. The latter form of atrophy we have often had an opportunity of observing at this clinic.

The third form of atrophy, which is of an extreme degree, follows severe puerperal diseases, particularly peritonitis and purulent endometritis. Atrophy has also been observed from other causes, such as tumors, which are not to be considered here. In puerperal atrophy, the periods never return.

If we had only to deal with the simple case, there would be no need of reviewing the forms just mentioned. There is here, however, a complication to consider, which raises the question whether or not the atrophy of all the generative apparatus is to be ascribed to the abuse of morphine.

The report now continues with the cure of the morphine habit.

Several years previous a patient had received the first injection from a physician on account of pains in the abdomen, after which she procured the morphine herself, and took as often as she had pain. She became accustomed to it, and increased the dose to at least 0.5 gram per day. She stated she had come down to 0.05 gram shortly before she entered the woman's clinic. This is contradicted by the fact that I found bottles containing concentrated solutions of morphine before commencing treatment. I undertook the cure of the case with the aid of muriate of cocaine, by permission of Prof. Schultz. I will take occasion here to explain why I commenced the abstinence cure with cocaine.

I have observed in both written and verbal communications on the cures by withdrawing the morphine, that physicians practising it generally prescribe cocaine in too small or too large doses, or else abstain from it altogether. So far as the former is concerned, we have not had sufficient experience up to the present time, to determine the indications, methods of use, and effect of the cocaine.

I would offer the following remarks, based on my own observations, for a more complete knowledge of the use of cocaine when withdrawing morphine.

Any one who has practised such a withdrawal, with the help of cocaine, will have noticed that under the influence of cocaine two chief symptoms of abstinence, which plague the patient the most, and depress him physically to an extreme degree, either fail to appear, or occur in such a slight degree as to scarcely alter his general health. I mean the *great restlessness*, and the numerous severe diarrhœas. Though these factors are quite sufficient to afford urgent indications for the use of cocaine, there is still a third point of no little importance; that is, the shortening of the period of withdrawal of the morphine.

We need only to refer to obstetrics and surgery to see that the severest operations on the human organism are relatively well borne in case they only last a short time.

We know, too, from all the complex symptoms caused by abstinence from morphine, that a cure by withdrawal of it causes a severe disturbance of the entire organism of the human being. If the duration of such a cure is under control, I think it would be a mistake were not the cure completed as soon as possible. If the modified method is assisted by cocaine, with careful attention, the conditions are provided for a rapid cure with insignificant symptoms. In reference to the modified method, I would say that a physician succeeds best, both in the interest of the patient as well as his own, if he does not hold pedantically to any time of day, but gives the morphine whenever he finds it indicated.

I mention briefly here the method with which I have used cocaine with the best results.

Cocaine is to be given subcutaneously in preference to all other methods, for there is no object in loading with medicines internally the digestive apparatus which has been rendered almost entirely incapable of action by the morphine. Besides, the subcutaneous injection has a much more intense effect. I must add that it is very important to have the solution of cocaine perfectly fresh. The quantity of the cocaine used for an abstinence cure depends entirely upon the individual. The nervous system of one person may re-act much more slowly to irritation than another. In a woman who suffered from an internal disease, and in no way accustomed to morphine, I have seen an injection of muriate of morphia, 0.025 gram, have scarcely any effect; while in another, a dose of 0.005 gram produced almost toxic symptoms. I have also observed the same in using the muriate of cocaine. It is therefore evident that a physician who conducts a cure of the opium habit with the aid of cocaine, must first carefully ascertain how his patient re-acts from this alkaloid.

It has been observed, that after repeated doses of cocaine,

which are given in relatively short spaces of time, but not in successively increasing quantities, there were certain disturbances of the central nervous system (hallucinations), which increased even to well-marked attacks of insanity (hallucinatory madness with insanity and fear of pursuit). It follows that cocaine must have a certain cumulative effect, which requires a longer or shorter time for the complete elimination of the drug, according to the size of the dose.

It is this fact chiefly that must be borne in mind in using cocaine for the cure of the opium habit. It shows that if the cocaine be given rationally, and relief given to the patient as mentioned above, the physician must not leave the bed of the patient, but accurately observe the effect of each new injection.

I wish here to mention some complications which may lead to collapse from weakness of the heart. It is found that in such individuals in whom small doses cause a very strong action of the heart, a small, frequent, radial pulse very quickly follows the full, tense pulse after the removal of the exciting cause. This is accompanied by the first symptoms of a severe faint. The patient feels exhausted, her skin is cool, covered with sweat, the countenance becomes pointed, the features sunken, and the collapsing patient is no longer able to keep upright. If the skilful hand of the physician is not there, this condition may terminate in complete collapse, and perhaps death. This can be avoided with certainty if the patient is allowed to drink a glass of alcoholic wine after the injection. This is explained by the fact that the action of cocaine is transitory and exciting for not more than twenty minutes, while the stimulating effects of the alcohol on the heart last for a much longer period.

The following cure by withdrawal of the morphine will serve to explain what has been said above:—

At seven o'clock of the morning of July 21, morphine was withdrawn from the patient mentioned above. She had slept well during the night; in the morning she felt tired, complained of a severe chill, yawned frequently. She was given a full bath (29° R.) of twenty-five minutes' duration. During this her clothes, as well as herself, were thoroughly searched for morphine. There were found two bottles which contained strong solutions of morphine, in one of which the solution was so concentrated that the alkaloid would all but crystallize out of it. The patient received at ten minutes of eight 0.005 gram of muriate of morphia. Temperature for the first time normal, 37° R. (For years the day temperature had been about 38° R.) Pulse 54, very irregular, but of good tension. At 9.30 the pulse became very tense, sometimes omitting the eighth beat. The general conditions fairly good, with the exception

of restlessness, especially of the lower extremities. For this reason she was given an injection of 0.02 gram of cocaine; rest followed, but she complained of severe pains in the head, especially the occiput. At 10.40 pulse small, 120, and very intermittent. Patient felt weak and exhausted; restlessness occurred again; pupils unequal, the left one wider than the right; skin warm and moist. After a glass of Malaga wine, pulse became more tense and regular, heart-beats fewer, and she felt better. At 11.30 temperature 37.9° R., and very great restlessness; patient tried to spring out of bed. At 12 M. 0.008 gram of morphine was given subcutaneously; the general condition of patient was good until 3, then there was restlessness which very much increased up to 4.30. At this time 0.03 gram of muriate of cocaine was given, and at the same time half a glass of Spanish wine. The restlessness decreased. At 5.30 great restlessness; muriate of cocaine 0.03 gram; frequent yawning. Patient complains of alternating chill and heat; skin is warm and moist; pupils nearly equal, half dilated. At 6 o'clock very great restlessness; pulse good, tension somewhat irregular, respiration rather frequent; muriate of cocaine 0.06 gram, half a glass of wine, restlessness ceases. At 7.30 great restlessness; muriate of cocaine 0.06 gram. At 8.30 muriate of morphia 0.01 gram, chloral hydrate crystals 2.0 grams. Patient was also given morph. mur. 0.23 gram; coc. mur. 0.02 gram; chl. hydr. 2.0 grams. Diet, milk and wine.

The patient was very restless till about 3 o'clock, tossed about in bed, and begged for morphine and chloral; she then slept rather quietly till about 6 o'clock.

On July 22, at 6.30 A.M., the patient lay quite quiet in bed, but complained of uneasiness and pains in the joints. There had been a profuse diuresis, but no movement from the bowels. She had scarcely any appetite, loathing of warm food and meat; pupils were unequal, frequent yawning, temperature 36.4° R. Pulse 72, strong, full, and of good tension; restlessness increased. At 7.30 A.M. muriate of cocaine 0.03 gram, some wine; restlessness diminished somewhat. At 10 she was given morph. mur. 0.005 gram, on account of great restlessness, and small, frequent pulse. At 5 her general condition was good, she had a pappy stool, and then the restlessness began again. She was given coc. mur. 0.045 gram, and half a glass of wine. Pulse was of good tension, but somewhat irregular, skin warm and moist. At 7.15 there were some moderately severe symptoms from abstinence from morphine, and she received morph. mur. 0.0035 gram, and a full bath (28° R.) for half an hour. At 8 she was given chloral hydrate 4 grams, and morph. mur. 0.01 gram, and also internally, coc. mur. 0.075 gram; morph. mur. 0.0135 gram; chl. hydr. 4 grams.

On July 24 patient slept poorly, but could give no reason for it. The general condition throughout the day was good. The patient felt very hungry, but ate little. In the evening she was given 4 grams chloral hydrate. The patient slept poorly, and was very excitable until 3 o'clock in the morning. July 25, general condition throughout the day was good; appetite better; a more solid stool; pulse 72, full, regular; temperature during day from 37.3 to 37.5. At night she took a small bottle of Erlmeyer's bromine water. July 26, patient has slept fairly well in the night; now and then during the day, especially toward evening, she had a feeling of relaxation and weariness. She was again given in the evening a bottle of Erlmeyer's bromine water, after which the patient slept well.

From this time she continued to improve from day to day. This case serves to strengthen my previous remarks. The restlessness is controlled at once by the use of cocaine. There was neither diarrhœic stool nor vomiting (against which cocaine may act favorably) during the abstinence. Besides, the whole cure by great and continuous consumption of the cocaine with relatively slight addition of morphine did not exceed three days, while severe abstinence symptoms have been entirely avoided.

It should be noticed, in closing, that in spite of the moderately large doses of cocaine which I could only use because I had the patient under constant observation, there was no period of excitement nor any trace of weakness of the heart. The patient returned from time to time, and is now the picture of progressive convalescence, and takes increasing enjoyment in life. In a letter received from her husband, I am informed that the state of her health is daily improving.

In reviewing the entire course of the disease, we notice there is a high degree of atrophy of the entire genital system with the chronic abuse of morphine. Whether this atrophy depends upon the abuse of morphine, will be eventually shown by the recurrence of the menses, and the return of the sexual organs to their integrity.

So far as my knowledge goes, this is the first case where there has been an opportunity to turn to account, for clinical consideration, the gynecological report for the treatment of other complaints; but one case does not suffice for a definite conclusion in practice. Not till many such cases have been observed, will it be possible to decide upon the connection between atrophy of the genital organs, and the chronic poisoning with morphine.

THE CHICAGO NEWS says, "Yes, let cholera come; by the kindness of the various street-car and gas companies, and the city authorities, even our graves are prepared for us in front of our own doors."—*Medical Register*.

GENERAL BEARING OF THE PHYSICAL CHARACTERISTICS OF URINE ON DIAGNOSIS.

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

CAREFUL observation of the physical characteristics of urine is imperative in establishing a diagnosis based on or helped by examination of the urinary secretion. The following summary includes about all of importance that is known with reference to the general physical characteristics of abnormal urine; physiological variations in brackets:

1. QUANTITY. Normal quantity, about 3 pints in 24 hours.

24 hours quantity of urine increased: diabetes; cirrhosis of kidney, lardaceous degeneration of kidney; conditions causing increased blood pressure: cardiac hypertrophy; after absorption of œdematous fluids or exudations; during convalescence from fevers; after hysterical paroxysms, epilepsy, chorea, etc.; phosphaturia, azoturia; "colds;" asthmatic attacks.

Quantity of urine voided during night increased: diabetes; cirrhosis of kidney.

Increased quantity due to drugs: diuretics, as potassium acetate; inhalation of oxygen.

[Physiological increase: in cold weather; after ingestion of great quantities of fluids.]

Quantity decreased (below normal): observed in weakened heart-action from degeneration, or in valvular diseases leading to passive congestion of the kidney; in emphysema; in all acute inflammatory processes; where there is excessive discharge of water by the intestine, as in diarrhœa, enteritis, and cholera; in lead poisoning; puerperal eclampsia; in last days of all forms of Bright's disease; during collapse of cholera; in cirrhosis of the liver. In obstruction of the bowel; in acute nephritis after scarlet fever; in intercurrent inflammatory conditions of chronic renal disease; in hyperæmia of kidney. After taking heavy doses of various drugs, as (compounds of) iron, and copper; potassium chlorate, phosphorus, cantharides, arsenic, carbolic acid, ergot, iodine, mercury, opium. After external use of pyrogalllic acid, and of aniline compounds; after use of atropine as a collyrium.

[Physiologically after profuse perspiration.]

Urine suppressed:—Presence of calculus impacted in ureter, when there is only one kidney in working order; presence of vesical tumor. In certain diseases: acute nephritis, especially post-scarlatinal; chronic nephritis, near the close; cholera and yellow fever; intense fevers and inflammations; shocks, especially after operations on urethra; hysteria; in poisoning as above.

2. COLOR:—Pale in non-febrile conditions as in anæmia,

chlorosis, diabetes; in reconvalescence after severe acute affections; in hysteria and other nerve disorders inducing paroxysmal attacks; in chronic Bright's disease—especially in waxy and granular kidney (lardaceous degeneration and cirrhosis); in atonic gout; when general health is feeble.

[Physiologically: after drinking; in cold weather; urine of women paler than that of men.]

High in disorders where there is increased tissue change, as in fevers; diarrhoea; disorders of the liver.

Dark with blue, violet, reddish violet or green tint seen at surface near sides of vessel: diseases in which there is disturbance or delay of intestinal digestion; Addison's disease; diseases and derangements of entire central and peripheral nervous system.

Black: after excessive use of carbolic acid or creasote; sometimes in poisoning by potassium chlorate, sulphuric acid, arseniuretted hydrogen; from presence of melanin, in patients suffering from melanotic tumors, and sometimes in ague.

[Black urines may be normal in color when freshly voided; they become dark on standing or on addition of an acid.]

"Smoky": due to presence of small quantity of blood.

Reddish: blood in greater amount. [A sediment of urates of "brick-dust" color should not be mistaken for blood.]

Deep ruby red: coloring matter of blood corpuscles.

Dark red: has been noticed in poisoning from the external use of aniline chlorhydrate.

Brown, with greenish tint: due to presence of bile; **dark brown:** in kidney diseases, notably hemorrhages; in long-continued intermittent fever; in poisoning from external use of pyrogallie acid.

Green, or dirty green: in jaundice. (See above.)

Dirty blue: in typhus and cholera.

Yellowish: presence of chyle; after taking gamboge, senna, logwood, picROTOXIN; the color is rich golden yellow in acid urine and orange red in alkaline; the yellow in acid urine is changed to red by ammonia, when due to rhubarb or senna.

"Milky," due to presence of chyle, or to some sediment, as phosphates, pus, or light-colored urates.

3. SPECIFIC GRAVITY:—Normal range 1015 to 1025.

Decreased, when decrease in 24 hours' quantity of urine: last stages of chronic nephritis, uræmia.

Decreased, when increase in 24 hours' quantity: absorption of exudations or effusions, as in dropsy; diabetes insipidus; hysterical and spasmodic hydruria.

Increased, when decrease in 24 hours' quantity: diminished secretion of the water of urine, watery effusions, presence of

some morbid process; in first stage of acute febrile conditions; in first stage of acute Bright's disease.

Increased, when increase in 24 hours' quantity: diabetes mellitus.

[N.B. Physiologically, when in cold weather or after copious use of water, the sp. gr. may fall as low as 1010 or even lower. Vice versa, when perspiration is copious the sp. gr. may be 1025 or higher.]

4 SOLIDS:—Decreased: when 24 hours' quantity of urine is normal or slightly below normal: premature old age; imperfect action or organic disease of liver; anæmia, hydræmia, various cachexias. Early stage of renal diseases; during course of insidious chronic renal disease, gouty and tubercular kidney. [Physiologically: light eating, sedentary life, deficiency of muscular tissue, relative excess of bone and fat.]

Decreased:—when 24 hours' quantity is decreased: hydræmia, as in diabetes insipidus; cirrhosis of kidney.

Increased:—when 24 hours' quantity is not increased: dyspepsia, lithæmia.

Increased:—when 24 hours' quantity is increased: diabetes mellitus, phosphaturia, azoturia (increase of urea).

N.B. The average amount of solids in the normal quantity—three pints—of urine is about 1080 grains. A ready method of determining in grains the total solids is to multiply the total 24 hours' quantity of urine in fluid ounces by the last two figures of the sp. gr. and allow one-fifth over or under as no deviation from normal. Thus total quantity 50 fluid ounces; sp. gr. 1020: $50 \times 20 = 1000$ grains or about normal. But 680 grains or 1540 grains fall well outside the normal limits.

5. REACTION:—Increased acidity: [physiologically in consequence of meat diet, after strong muscular exercise, before meals, during hours of sleep]. In febrile conditions attended by perspiration; in inflammations, especially of liver, heart, lungs; where no acute febrile disturbance is present, but sediments and concretions are forming, especially of uric acid; in diabetes mellitus.

Alkaline Urine:—from fixed alkali (carbonate or phosphate of potassium or sodium) turning red litmus paper permanent blue: debility, exhaustion, anæmia; functional derangements of the liver with diminished secretion of bile, dyspepsia; many acute diseases, as typhus, scarlet fever, enteric troubles, pneumonia, and in convalescence from them; lung troubles, as phthisis; long continued respiration of bad air.

Urine alkaline from volatile alkali (carbonate of ammonium) turning red litmus a fugitive blue:—cystitis; conditions which interfere with complete emptying of the bladder.

N.B. Urine alkaline from fixed alkali does *not* irritate the urinary passages; that alkaline from volatile alkali *does*.

[Urine is *alkaline or less acid* after hot baths or prolonged cold baths; after profuse acid sweating; after ingestion of vegetable acids, or vegetable acid salts, as in vegetable food.]

Reaction variable:—dyspepsia, especially of the acid type. Urine frequently highly acid, at times neutral or alkaline especially in the derangements of digestive organs of children.

6. ODOR:—Strong urinous:—high percentage of solids, as in fevers.

Ammoniacal and putrescent:—alkaline urine after retention in severe cystitis; in destructive renal diseases. [Stale urine, normally.]

Like horses' urine:—alkaline from fixed alkali.

Odor of tainted meat:—presence of pus and blood; decomposing organic matter, as mucus.

Sickly odor:—dyspepsia.

Sweetish odor:—presence of sugar as in diabetes mellitus.

Sour milk odor:—stale urine of diabetes.

Chloroform odor:—in diabetic coma.

Rotten eggs odor:—due to presence of cystin: may be of sweet-brier odor when freshly voided.

Strongly aromatic:—various drugs, as turpentine, copaiba, cubebs, oil of sandalwood; [articles of diet, as asparagus, garlic, etc., communicate their odor to the urine].

7. TRANSPARENCY:—Causes of turbidity: Urine cloudy on cooling:—sediment of urates and of no significance after exercise, abstinence from fluids, or in cold weather. Occurs often in course of bilious attacks. Of significance if permanent or frequent, and of a flesh tint; and noticed in fevers, organic diseases, rapid wasting of tissue, incipience of gravel or calculus, functional derangements of the liver.

N.B. Sediment should clear on being heated, if composed of urates.

Urine cloudy when voided:—sediment of earthy phosphates, excess of mucus or presence of renal epithelium, pus, blood, chyle, semen,¹ bile, bacteria. [If the urine becomes clear on adding a drop or two of acetic acid, and shaking, phosphates are present.]

8. CONSISTENCE:—Slightly increased: presence of albumen.

Viscid Urine:—presence of pus.

Jelly-like:—presence of chyle; in rare cases, mucus and phosphates; in cases of villous tumors of the bladder, when urine suddenly stiffens owing to fibrin being present.

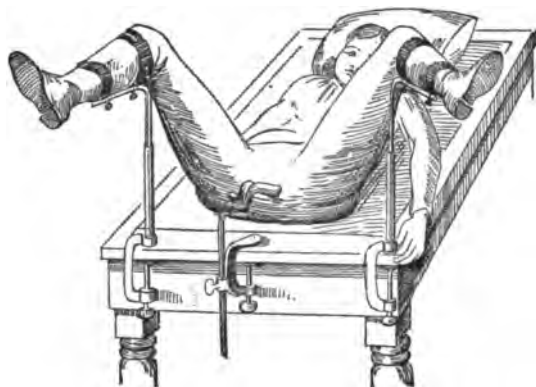
Foam ready and persistent:—presence of bile, sugar, albumen; [in normal urine when sp. gr. is over 1020].

¹ Very slight turbidity.

*THE ST. LOUIS GYNAPOD, OR GERMAN LEG-BRACES
IMPROVED.*

BY T. GRISWOLD COMSTOCK, M.A., M.D., PH.D., MASTER IN OBSTETRICS
(VIENNA), ST. LOUIS, MO.

In gynecological operations, the surgeon is often not a little embarrassed on account of difficulties in properly exposing the vaginal walls and portio vaginalis. To overcome this, and to do away with assistants, who from want of proper clinical experience cannot hold the limbs in position, or retract the vagina and perineum satisfactorily, I have devised an improved gynapod, or *examining rest*, a cut of which is here exhibited.



This gynapod as improved consists of a set of adjustable leg-braces that support the limbs of the patient comfortably when lying in the ano-dorsal position. By their use, the whole weight of the thighs and legs is lifted upwards, off from the pelvis; and by a simple device, a fixed perineal speculum or retractor may be made available, so that the surgeon can conveniently sit before the patient and operate with the greatest ease and dexterity, and with comparatively little discomfort to the patient. This apparatus I have used for the past five years, and can recommend it not only for the minor operations upon the vagina, uterus, and urethra, but especially in operating for rupture of the perineum, lacerations of the cervix, vesico-vaginal fistula, cystocele, rectocele, etc.

Its use is not confined to gynecological surgery, as it will be found a great desideratum for the surgeon proper; in the operation of lithotomy, it exposes the perineum better than when the hands and feet are bound together as in the old way; in fistula in ano and anal fissure, operations for piles, removal of foreign

bodies from the bladder, rectum, or uterus; and it is especially practical in the removal of caruncles of the urethra. We will suppose a patient placed on the back (ano-dorsal position): the leg-braces as shown in the illustration are equivalent to rectangular rods (although gradually curved at the angles), dropped into the two upright standards, which are made of gas-pipe, and may be fastened to any table or gynecological operating chair, by means of simple clamps screwed to the table or chair. The rectangular rods constituting the leg-braces are provided with adjustable cushioned bands for the limbs to rest in. The rods may be raised or lowered, and turn outwards or inwards, at will, and are then fastened with a screw at the convenience of the operator. When the female patient is in this position, a Simon's gutter speculum, as shown in the cut, may be introduced and held in position by a small clamp also screwed to the chair or table. This speculum is a perineal retractor, on the same principle as Sims'; or a Bozeman's vaginal speculum may be used, which is a *vaginal* retractor, and will be found very practical. This last-named speculum is self-retaining, and may be conveniently introduced so that the screw is placed *upwards*, and is especially to be selected when operating for the removal of caruncles of the urethra. Any other speculum such as the operator ordinarily uses in his practice will be found practical when the patient's limbs are resting in the gynapod, and the perineum is exposed. In minor operative procedures upon the uterus, e.g., intra-uterine applications, removal of polypi, etc., any bivalve speculum may be employed. In vesico-vaginal fistula, when the gynapod is used, the anterior wall of the vagina will be situated *directly opposite to the operator*, and he can freshen easily the fistulous margins of the rent (or perform Lawson Tait's most admirable operation of *splitting the edges* of the rent and *reverting the mucous membrane backwards* into the bladder), and then insert his sutures with much greater facility and accuracy than when the patient is placed in either the usual dorsal position, or upon her hands and knees without the assistance of the gynapod. We repeat the assertion, and call the attention of the surgeon to it, that with the use of these leg-braces the position on the back is much easier for the patient, and *an operation can be completed in about one-half the time* that it can be done without them. Where is the gynecologist or surgeon (especially in country practice) who has not been embarrassed or worried by the inefficiency of his assistants, who frequently becoming fatigued themselves, or careless while supporting the limbs, and sometimes when the operation is prolonged, will ease themselves by unduly pressing or resting upon the patient? It will readily be seen that in using the leg-braces, the patient's thighs are fixed,

the flexion of the knees is permanent, and the patient cannot extend or straighten the limbs so as to confuse the operator. Let any physician try this device once, and he will be delightfully surprised to find that many difficulties incident to surgical operations are very much lessened, for he can dispense with assistants other than one to administer the anæsthetic, and the nurse. Gynecologists who have found great advantages in the left semi-prone position of Sims may not see at once the practicability of placing their patients on the back, but with the leg-braces it will be found to be an improvement, as it can be readily seen how easily the perineum can be retracted by Sims' speculum when the limbs are thus raised up. The ano-dorsal position was the one adopted by the late Professor Simon, at his clinic in Heidelberg, twenty years since. By this means the thighs are flexed backwards, the legs being elevated so that the knees are resting almost over the lower margins of the mammary glands, and by this exaggerated backward flexion of the limbs, the orifice of the vulva is raised above the table, and is directly *vis-à-vis* to the operator. When using the gynapod, the pelvis should be elevated by placing a cushion under the sacrum, and the head raised a little by letting it rest upon a pillow.

In the recent work, *Cyclopædia of Obstetrics and Gynecology*, vol. ix., published by William Wood & Co., N. Y., on New Growths of the Uterus, by Gusserow, for the removal of uterine fibroids, p. 259, he recommends that the patient should be placed in "the lithotomy position, and then an anæsthetic be administered." In such operations the gynapod will be found to be especially convenient.

I will here take occasion to add that for several years past, in most of my plastic operations, I have employed silk worm-gut sutures, or catgut, instead of silver wire. Dr. Bantock of London "uses silk worm-gut almost exclusively, and finds it more practical and satisfactory than silver wire, on account of its flexibility, producing no irritation, and being non-absorbent."

If these leg-braces, or examining rest, should be of service to practitioners, especially in the country where it is not convenient to procure expert assistants, I shall be greatly gratified. Messrs. G. Tiemann & Co., and Stohlmann, Pfarre, & Co., New York, have manufactured the apparatus after my directions, and it may be ordered from them.

A NEW antiseptic is being used in the wards of Jefferson College Hospital. This is trichlorphenol, which is of Russian introduction, and has been favorably mentioned by one of the most prominent therapeutists. Trichlorphenol is extemporaneously prepared by mixing one part of a four-per-cent solution of carbolic acid with five parts of a saturated solution of chlorinated lime; the filtrate is said to be twenty-five times more powerful than carbolic acid. — *Medical Times*.

NEPHROLITHIASIS.

BY E. H. PACKER, M.D., LOWELL, MASS.

[*Read before the Lowell Hahnemann Club.*]

I HAVE taken for the subject of my paper, this afternoon, the disease of calculus of the kidney, or "nephrolithiasis," a Greek word composed of "nephros," kidney, and "lithos," a stone. The pain is characterized by its tendency to shoot along the course of the ureters, down to the testicles, and inside the thighs; it is commonly attended with a sense of faintness, nausea, or even vomiting. The urine is voided with undue frequency, often with pain in the end of the penis, and is apt to contain blood, pus, and epithelium from the pelvis of the kidney. The colicky paroxysms are determined by the dislodgment of the concretion from one of the infundibula into the cavity of the pelvis, or from one part of the pelvis into another; but the most severe attacks are caused by the passage of it into the ureter. The descent of a calculus along the ureter into the bladder, produces distinctive symptoms. The patient is suddenly seized with intense pain in the region of the affected kidney, accompanied with a sense of deadly faintness, sometimes with cramps and sickness. The pain radiates in various directions, but chiefly along the ureter to the bladder, the scrotum, end of penis, and inside of thigh. The testicle is retracted; there is incessant desire to urinate, but the flow of urine is either partially or wholly suppressed. In the former case the urine is highly colored, and often mixed with blood; it is also voided in drops, with burning pains. Violent and frequent vomiting follows; the skin is covered with cold perspiration; there is constant restlessness; the patient tosses from side to side, and, in the hope of relief, assumes a score of positions, one after another. If the symptoms are not relieved speedily, a febrile movement is produced, sometimes attaining a high degree; the skin is hot, the pulse quick, and there is incessant thirst. After these symptoms have continued for a certain time, — it may be hours, and it may be days, — relief comes quite suddenly. The patient feels something pass into the bladder, and all at once his agony is past.

Sometimes, however, the concretion fails to clear the ureter, and becomes impacted in some part of its course, and in this case the subsidence of the symptoms is more gradual and less complete.

In other instances — fortunately still rarer — the opposite ureter has already been rendered impervious, by the impaction of a calculus on some former occasion, and the blocking-up of a

channel, hitherto open, is followed by total anuria, which leads to a fatal issue.

Renal calculi are sometimes wholly latent; they may even attain a large size, and destroy extensive portions of the gland, without betraying their presence by a single symptom. Or again, renal symptoms may exist for a longer or a shorter period, and then wholly and finally cease.

This latter event may occur under two circumstances, — either the concretion completely occludes the ureter, and determines gradual atrophy of the kidney; or it becomes encysted in a lateral pouch, or diverticulum, and ceases to impede the flow of urine and irritate the mucous membrane.

The diagnosis of a calculus or calculi in the kidney or pelvis — except in latent cases — is not generally attended with much difficulty. The locality, direction, and paroxysmal recurrence of the pains, with the pyelitic character of the urine, are usually sufficient to indicate the cause of the suffering.

Neuralgia of the lower intercostal nerves, and also of the abdominal nerves, sometimes presents great severity and a paroxysmal character. It is distinguished from renal colic by the appearance in the latter of blood, pus, and transitional epithelium in the urine. The most difficult cases to distinguish are those in which nephritic colic is produced by the impaction of blood clots, or hydatids in the ureter. Indeed, absolute certainty cannot be obtained often in these cases, until the appearance of gravel, hydatids, or clots in the urine, sets the question at rest. The antecedents of the patient sometimes throw an important light on the diagnosis, and the knowledge of the nature of a previous attack will furnish a key to an existing one.

In the absence of colicky paroxysms, — where the symptoms consist only of obscure lumbar pains, and slight disturbance of micturition, — careful and repeated examination of the urinary deposit becomes the only means of arriving at a precise diagnosis. If the symptoms be due to calculus, in all probability the deposit will contain scattered blood-disks, and spindle-shaped, tailed, and irregular epithelial cells, from the upper urinary passages. These may be accompanied with blood corpuscles, and minute agglomerations of uric acid, dumb-bells of oxalate of lime, or some other form of calculous deposit. These unnatural conditions of the urine are intensified by violent exercise, and diminished or altogether suppressed when the patient keeps in a state of rest.

The chemical composition of these concretions varies; those consisting of uric acid are of the most frequent occurrence. Oxalate of lime calculi are very hard, thorny, and warty, and are extremely irritating to the tissues; they are rare, and occur in alternate layers with urates.

Calculi of basic phosphate of lime, or of amonic-magnesian phosphate, or of the two mixed, are white or yellowish-white, and of not infrequent occurrence, while concretions of carbonate of lime are formed very rarely. Cystine stones are of a dull yellow color, with scarcely any variations in the shade; they are rare. Still rarer are those composed of xanthine, which are of a light brown or dark brown color, and have a smooth surface. Concretions of fibrine are the result of renal hemorrhage with subsequent secretions of fibrine; they are often found mixed with other kinds of concretions. Their color is dirty white or yellowish brown, and their consistency is that of wax, — tough and elastic.

CASE I. — Aug. 2, 1876. Mr. C —, aged 30, clerk, light complexion, short and fat. He had been sick about thirty hours when I first saw him. There was pain in the region of the left kidney, which followed the course of the ureter down to the bladder; also pain in the left testicle, which was drawn up hard against the body, and there was also pain in the end of the penis. There was frequent but ineffectual desire to urinate. Pulse 130, and skin hot. He was very restless and had great thirst. His tongue was coated white, and there was vomiting, prostration, etc. He was also constipated. *R. nux. v.* in water, a dose every hour.

Aug. 3. Said he never could live through another such night. The pain, which was in the lower third of the ureter, had been constant during the night. There was rumbling of wind in the descending colon. During the night he had passed about two ounces of dark, bloody urine, which contained lithic acid. *R. Lyc.* in water, a dose every hour. In the evening I found him free from pain. The calculus had passed into the bladder.

Aug. 4. Sent for me again, and said he was worse and could not pass water. Found he had pain in the penis, near the head. Could not urinate, although he felt as though he must. Ordered him to hold the penis in water as hot as he could bear, and while doing so he passed the stone, and his agony was at an end. *Lyc.* was continued at longer intervals for a week, after which he was well.

CASE II. — July 6, 1879. Mr. H —, aged 46. There was violent pain in the left kidney, which followed the course of the ureter down into the bladder, and also painful retraction of the testicle. There was pain in the end of the penis, with desire to urinate, but could pass only a few drops of highly colored urine. There were also paroxysms of vomiting, and trembling all over. He was covered with cold sweat, and could not keep still, but was from bed to floor, and from chair to stool. There was constipation. He had taken three of Schenck's pills and two mor-

phine powders ($\frac{1}{8}$ gr. probably) before I saw him. *R nux*, and waited for the result. After twenty minutes he declared he could not live another moment; said the pain was getting worse all the time, extending even to his toes. After giving him a dose of *pareira* in water, I left the house with the promise of returning in an hour. On my return he said he was a little easier, and thought the pain was lower down in the ureter. Continued *pareira*, and next day I found him free from pain, but very sore through the side. *R canth.* in water every two hours. He continued to gain, and in three or four days was about his work again.

CASE III. — Sept. 8, 9 P.M., was called to prescribe for the following symptoms: Pain in penis and back of scrotum; throbbing and burning pain in the region of the prostate gland. Constant desire to urinate, but patient unable to pass a drop; insufficient urging to stool. He could not keep quiet a moment, but was continually changing his position. Gave him a suppository of *opium* (1 gr.) and *R nux* in water, every hour.

Sept. 9. I found him happy; said he had something for me, but first wanted to tell me what had happened. Soon after taking the suppository he went to sleep, and after sleeping four hours awoke with a strong desire to urinate. Using all his force in straining, he heard the stone fall into the vessel, and saw a flow of blood. Owing to this and the terrible pain, he thought he had burst his penis. I gave him *canth.*, and in due time he was relieved of the inflammation and was all right.

CASE IV. — July 21, 1880. Mr. E——, aged 42, machinist. Pain in kidney region, shooting down the course of the ureter into the bladder. Incessant desire to urinate, but could only pass urine in drops while straining. There was pain and retraction of the testicle; also pain in the end of penis. The patient was cold, and trembled all over; had paroxysms of vomiting, and was so restless that he could not be kept in bed. He would cry and moan with the pain, which extended down inside the thigh to the soles of the feet and toes. *R pareira* in water every half-hour until better. Applied a bag of hot wet hops to his back. In four hours I called, and found him free from pain. He said that after I left, the seat of the pain kept changing and became lower, until it passed into the bladder, but at longer intervals.

July 22. The calculus passed away in the morning urination. *R canth.* in water every four hours. I took some of the urine, and examined it with the microscope; found tube casts, renal epithelium, pus, and blood. Prescribed Poland water, and gave a powder of *merc. cor.* night and morning.

July 26. Reported that he was feeling all right with the

exception of a lame back and occasional pain in the testicle. Continued treatment.

Aug. 3. Urine contained traces of albumen. Had less back-ache, and was better generally. Continued the same treatment.

Sept. 8. Examined urine and found it normal. Last week I went to his house to get the calculus, and he informed me that he had had no trouble with his kidneys since I last prescribed for him.

TUBERCULAR OSTEITIS.

BY LAMSON ALLEN, M.D., SOUTHBRIDGE, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

DISEASES of bone are often the most difficult of diagnosis. Most frequently traumatic, they require the best skill and judgment of the surgeon; when medicinal, they are no less difficult for successful treatment.

The history of tubercular osteitis is comprised entirely within this century. Nélaton is the first to have described it correctly, as the researches of modern pathology have proven.

Tubercle of bone is the same pathologically as tubercle of any other organ. It originates in either the medullary substance, or in the cancellated structure of bone. It originates in part from the structure-forming elements by simple division of their nuclei; in part, from the manifold division of the nuclei of the capillaries.

The growth of tubercle is by repeated new points of origin, as stated above; or by division of newly-formed nuclei. By the progressive growth of tubercles in this manner, surrounding tissue and tissue-forming cells undergo metamorphosis, become themselves tuberculous, and they together form tubercular deposits of greater or less amount.

The further extension of tubercle is along the same anatomical structure as that in which it has its origin. It may, however, spread by way of the accompanying lymphatic vessels, or by way of surrounding blood-vessels.

Tubercular osteitis is rarely, if ever primary, but secondary, as a consequence of tuberculosis of some other organ, or organs. Lazarus describes (Berl. Diss., 1872) six cases of disseminate miliary tuberculosis in bone-marrow, in each case with intense tuberculosis of the spleen and lymphatic glands. When primary, it comes from trauma.

The origin of secondary tubercle is sometimes explained by the absorption by and transmission in lymph- and blood-vessels; sometimes it is not explainable. I believe it may be secondary by way of traumatism also.

The causes of tubercular osteitis are mostly of a general nature, seldom local; in either, predisposing and exciting.

The general causes are constitutional from hereditary predisposition, physiological weakness, and the misfortunes of unfavorable circumstances.

The symptoms of this affection are in the first stages obscure. Of themselves we might say there was comparatively nothing afforded us by which we can make an absolute diagnosis. The history of the case, the hereditary influences, the aspect and physical signs of the patient, must all be brought to bear, to form a correct diagnosis.

In some cases there will present a scrofulous diathesis; there is the light florid complexion, with anæmia, debility, languor, and perhaps melancholia. In such a patient one will seldom find any pain in the affected part. The disease progresses slowly and insidiously until an outward sign reveals to the surgeon some hidden disease.

We find the parts around the affected bone somewhat sensitive and swollen. After an indefinite time, there will be an evacuation of pus or limpid serum from a sinus of the bone and soft tissues. Resection of the bone or amputation of the part will not always stop the progress of the disease; we might say it rarely does.

On the other hand, when the disease has its origin from trauma, we have an entirely different picture in symptoms, though the result may be the same. There is first the injury. This is followed by inflammation, infiltration, and hyperæsthesia of the soft parts, and of the bony parts also. There is periostitis and osteitis, enlargement of the bone, and sensitiveness of the osseous tissue. The pathological process of the formation of the tubercular deposit is especially manifested in the marrow of the bone. As the process advances, the interior of the bone presents innumerable minute tortuous sinuses; or by the breaking-down of large masses of bony tissue, the sinuses may become of large size, and the whole substance of the bone may become tubercular and result in complete necrosis of the part. This process may and usually does extend by absorption to the adjoining osseous tissues. There is always found an oily material deposited in its substance, the lime salts are diminished, and the soluble salts increased.

That traumatism may be the secondary origin of tubercular osteitis, is well illustrated by the experiments of Schuller.¹ After rendering animals tuberculous by means of injections of tuberculous material, Schuller inflicted various traumatisms upon

¹ International Encyclopædia of Surgery, vol. vi. p. 920.

their joints. In his experiments he saw fungous arthritis developed, with swellings of the extremities of the bones, enlargement and vascularization of the areolæ of the spongy tissue, and sometimes suppuration. The same traumatism, inflicted upon animals that had not been inoculated, caused only effusions of blood, the absorption of which took place in the space of eight days. These experiments prove the influence of traumatism in subjects rendered tuberculous. Clinical experience had for a long time indicated that contusions and strains were often the causes of white swelling in the scrofulous, in persons predisposed to tuberculosis, or manifestly under the influence of the diathesis.

M. Ollier has been led by clinical observation and by experimentation, to describe a juxta-epiphyseal strain in children, a name by which he designates the whole array of lesions produced in the juxta-epiphyseal regions of the diaphyses of the long bones by violent movements of the joints. This kind of strain, hitherto but little understood, is more common than is generally believed, and is the point of departure in many cases of osteitis in children and adolescence, in patients who are ill-cared for or pre-disposed. This observation is full of instruction. One must not treat lightly blows and articular strains, which, in children, leave pain in the epiphyseal regions. For the traumatism, if not recognized or if misunderstood, may be the exciting cause of tuberculous localization. For, as far as tuberculosis is concerned, it is a general fact, and one well known at the present time, that the bacilli, which remain inoffensive, even in incalculable numbers, in healthy tissues, precipitate themselves immediately upon these same tissues as soon as they are changed by inflammation, this making them a favorable medium for culture. The part of traumatism is therefore incontestable in the etiology of tuberculous affections of the bones; but it must not be exaggerated, nor must all tuberculous osteopathies be attributed to a traumatic cause.

The following case, which has been under observation from its beginning, and is at present, is a complete illustration of the subject in its history, course, and probable termination.

Mrs. T. P., age about 68 years. Light complexion, phlegmatic temperament. Height, 5 ft. 3 in. Weight, 130 lbs. Her parents and grandparents lived to a good old age; both of the former died of pneumonia. Has had two maternal uncles die of consumption. She herself is of a scrofulous and neuralgic diathesis. Never was strong, but always while a child and in youth worked hard. Married at 21 years of age; she soon went into "a decline," and suffered from nervous prostration and neuralgia for five years, so badly that she was confined to her bed nearly all of the time. She was 20 years or more recovering from her nervous prostration. At the climacteric, she conceived for the first time,

and gave birth to a poor, weakly, idiotic child. Since her confinement she has been gradually improving and gaining strength, and two years ago was able to do a great deal of house-work. April 1, 1885, her child was sent to the "Home for Feeble-Minded Children," in South Boston. Here in May she contracted chicken-pox. She was brought back to her home in Southbridge the first of June, suffering badly from that disease, and from its complications. Her mother took all the care of her. The child's teeth were in a very bad condition from decay. Her breath was exceedingly offensive. Saliva was constantly running from her mouth. Mrs. P. accidentally became inoculated with this saliva, either by striking her finger on the child's teeth, or by having a scratch on the finger. Phlegmonous erysipelas developed immediately in the distal phalanx of the middle finger of the left hand. Necrosis of the second and third phalanges took place, and we were obliged to amputate at the middle of the first phalanx. Union took place slowly and incompletely by granulation; but the erysipelatous inflammation of the integument and soft tissues increased up the hand and included the wrist. This continued through the fall of 1885 and winter and spring of 1886. All this time there was much pain in the bony, as well as the soft parts. In June, 1886, she entered the Homœopathic Hospital of Boston. The forearm was amputated at its upper third, and for the first time the true condition of the parts was revealed. We found all the phalanges, the carpal and metacarpal bones, and the lower half of the ulna and radius had undergone tubercular degeneration.

Every bone was hollow, and the hollow space filled with yellow, oily, limpid fluid. The stump was six months in healing, and now the remaining portions of the ulna and radius and the humerus are undergoing the same tubercular degeneration, which will result ultimately, I think, in her death.

Such is the nature and course of tubercular osteitis. It is a disease of more or less rarity, and one of exceeding importance to the diagnostician, because of its great fatality.¹

PRESIDENT'S ADDRESS.

BY L. A. PHILLIPS, M.D., BOSTON, MASS.

[*Before the Boston Homœopathic Medical Society, Jan. 5, 1888.*]

FELLOW-MEMBERS of the Boston Homœopathic Medical Society, — I feel it to be a somewhat awkward and uncomfortable duty to act as spokesman for an administration in which

¹ The authorities consulted in this paper are Wagner's Pathology, International Encyclopedia of Surgery, and Helmuth's Surgery.

I have personally had very little active part ; the more so as I realize that my best endeavor can be expected to furnish but a poor substitute for that which we should have enjoyed had our late President been spared to complete his term of office, and address you at this anniversary meeting.

Let me, then, direct your first thought this evening to his memory, and without detailing the numerous virtues and qualities which endeared him to those who knew him well, and without giving further expression to unavailing sorrow and regrets, let us the more truly honor him by remembering and emulating the steadfast, faithful devotion to duty and principle, which characterized his life both as a physician and as a member and officer of this Society.

Our work during the past year has differed somewhat from that generally engaged in by medical societies. The policy adopted was to discuss subjects of more than mere professional interest : subjects relating to the development, maintenance, and protection of health, which are of importance and interest to the public generally as well as to physicians. Among these have been presented : Infant Feeding and Artificial Foods ; Our Milk Supply and its Adulterations ; Adulterations of Food Supplies ; Physical Culture and Development ; The Use of Alcohol ; and The Requirements of Public Schools as related to Health.

While it may be felt by some that the study of diseases and their treatment should occupy our attention chiefly, I believe the results fully justify, for a season at least, the course adopted, as manifested in the largely increased membership of the society, the uniformly full attendance at the meetings, and the increased public interest which has been thereby awakened in our society and its work.

Without detracting in the least from the credit due to others, I think we should remember that the amount and character of the work to be done in a society, and the general advancement of its interests, are dependent chiefly upon its secretary, and it is but just that we recognize the source of the prosperity which has attended us during the past two years, and realize that through his efforts, the character, the work, and the influence of the Society have been broadened and enlarged. It is to be hoped that this progressive spirit, which sees and adapts itself to the ever-changing conditions and requirements as they arise, may govern our future course as it has our recent past.

Since the organization of this Society, great changes have taken place in conditions and influences both within and without, and we must realize that this applies not only to public sentiment, but to the attitude and disposition of the old school

itself toward us. From looking with scorn and contempt upon all who dared assert their faith in the homœopathic principle and method, and their right to practise in accordance with their convictions, they have come to realize, though not to recognize, these same principles and methods, and to adopt them to a very considerable extent too; and instead of casting us out, they are now seeking ways and means of drawing us in and absorbing us into their own body. Now, while it is not to be expected that the younger members will cherish the same feelings and sentiments which are naturally felt even yet by those who personally experienced the persecution, the injustice, and the intolerant bigotry which drove them from the old-school ranks, there are still other reasons and motives growing out of the changed conditions which should cause us to unite all our forces, and work together earnestly and vigorously, not only in defence of what we have already won, but to secure the rights and privileges which in justice we should have, but which are as yet denied us. All manifestations of that factious spirit which would rule or ruin should be frowned down and buried; for by it many elements of strength have been alienated and lost to us, and many more may be, and in the work before us we need them all. In union *only* is there strength; and such union can be maintained only by the exercise of a broad liberality, a charitable toleration which shall recognize the right of all individuals to their varying opinions, and accord to all the same sincerity, honesty of purpose, and purity of motive, which we claim for ourselves. Governed by this spirit, we may accomplish much.

The nature of the work before us is of necessity different from that of the past, as instead of open enmity, we must be prepared to defend ourselves against annihilation by stratagem. As the ammunition in the storehouse of our materia medica is being filched and labelled "new discoveries," so our outposts and advance-guard will be led into ambush and our forces greatly weakened unless we are awake to the situation, and present a firm and solid front. On the other hand, if we make a record as individuals, and in our institutions and organization, which shall compel recognition and respect as among the foremost and best; if we are ever ready and active in all that pertains to the public health and its protection, and manifest a broad and liberal spirit which shall recognize truth and merit wherever it appears, — we shall not only win public recognition and favor, but we shall occupy the ground toward which the liberal, progressive men in both schools are tending, and upon which they will eventually unite. In an autograph letter from a prominent and active member of the Massachusetts Medical Society, it is asked, "Is the recognition of your degrees the only requirement?" "If

the road is made straight and easy, is there any chance for a re-union of the profession?"

The time was, when, if the early representatives of homœopathy had been permitted peaceably to prescribe for their patients as their judgment dictated, they would have remained members of the Old School organizations. But now we *can* exist outside them, and I, for one, should answer: No! the recognition of our degrees is *not* the only requirement. When we meet, it must be as your peers; and, as we recognize our indebtedness to you for much in the fields of pathological research and surgery, so you must admit your obligation to us for the vast improvement in the field of *therapeutics*; and more, — you must recognize the law upon which this improvement is based, and which we have amply demonstrated.

When this high ground of equal rights and equal justice is reached, I, for one, shall welcome and rejoice in a re-union of the profession.

GLEANINGS AND TRANSLATIONS.

IODOFORM VASELINE IN SMALL-POX. — Colleville recommends a vaseline ointment of iodoform, of the strength of 1 to 20, not only as an antiseptic emollient, gratifying to the patient, but also as an anæsthetic and a preventive of the formation of foul-smelling scabs and of pitting. In a case of confluent small-pox the application of iodoform ointment prevented the vesicles from developing into pustules. No signs of iodoform intoxication have been observed in any of the ten cases in which this treatment has been employed. — *Union Médicale; Medical Register*.

POISONING BY PENNYROYAL. — J. Girling relates a case of this kind. He saw the patient (a woman aged forty) an hour after she had taken the drug. She was then in a collapsed condition. The face was pale, cold, and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular, and fluttering, the pulse at the wrist being scarcely perceptible. There were jactitation and feeble retching, with much salivation, but no vomiting or purging; temperature was 97° F. The breath smelt very like peppermint. Free emesis was produced by hypodermic injections of apomorphine and copious libations

of warm water. After the vomiting, the patient seemed about to die, and brandy, in the absence of ether, was administered hypodermically with the very best results. The writer thinks that pennyroyal should be classed among the narcotic heart-poisons. It transpired afterward that the woman had taken $\frac{3}{j}$ of the essence of pennyroyal (which she had obtained from an apothecary), composed of 3 j of the oil and 3 vij of spirit. — *New-York Medical Journal.*

RUPTURE OF EYE-BALL: VISION RESTORED. — Dr. J. C. McMillan of Marion, S.C., reports the case (Trans. S.C. Medical Association, 1887) of a boy, aged four years, who fell upon a rusty nail, rupturing his eye: a large amount of vitreous humor exuded; the eye was shrunken in appearance, and, of course, sight was lost. As far as possible, on arrival, an hour after the accident, all the vitreous was replaced with a scoop and probe; the wound was sutured, and adhesive plaster was applied to prevent further exudation. A cold compress and a light bandage were then applied, with directions to make cold applications during the night. Examined three days later. Wound healed by first intention, globe of eye regained normal shape. Only faint streaks of blood seen with ophthalmoscope in vitreous body, showing that a good deal had become absorbed or organized. Two days later vision began to re-appear. Atropine had been used four times. Ten days after accident the vitreous humor was perfectly transparent, and vision was perfectly restored. This was a year ago. So far there has not been any further trouble whatever about the eye or sight. — *Virginia Medical Monthly.*

PROFESSOR MASETIG'S TREATMENT OF BURNS. — The "Wiener Med. Press" gives a detailed description of the treatment of burns adopted by Professor Masetig during the past five years, in which forty-five cases have been treated, some of them of marked severity, with very satisfactory results. The vesicles are first freely opened, and the whole burn cleansed with cotton-wool soaked in a half per cent solution of table-salt, and well pressed out, so as not to drop over the sore. That portion of the integument which is burnt through and looks like parchment is dusted over with an insufflator with a very thin layer of iodoform, but in most cases it is simply necessary to cover the injured parts with a compress of the best iodoform gauze; over this is placed gutta-percha tissue a little smaller than the compress; and over all, a thick layer of absorbent cotton, which is kept in place by a few turns of a roller-bandage. Such secretions as there may be drain off beneath the gutta-percha, and are taken up by the absorbent cotton. The gauze and gutta-

percha dressing should be permanent, but in case of smell the external dressing only should be changed. In case, however, fever should set in, pointing by its character to septic causes, the entire dressing should be removed, the pus evacuated, and mortified shreds and eschars removed with forceps and scissors, after which the dressing may be applied as before. In scalds of the face, an ointment is used of iodoform and vaseline 1 : 20, and covered with a gutta-percha mask. — *New-York Medical Times*.

RHUS POISONING. — I have had such uniformly good results this season in treating poisonings by dry and poison oak, with *anacardium*, that possibly some other practitioners may regard this item as of some value.

I am indebted to the "Homœopathic Recorder" for the suggestion (see number for July 15, vol. i., No. 4, pp. 105, 106), and made my first trial of it a year ago, with such success that I have never since had occasion to use any other remedy. I began using the 6x, but this season have used the 4x generally. Sometimes I have given a lotion of *grindelia* for external use at the same time, but I do not observe that it makes any difference in the promptness of the cure, which is effected by the *anacardium* alone.

Usually, from two to three or four doses are quite sufficient. I give a dose night and morning, and then if improvement is noted give no more. The cure is usually nearly complete in twenty-four hours.

Possibly the *grindelia* allays itching and burning more promptly than the *anacardium* would do alone. At all events, it seems to do no harm. What it would accomplish alone, I cannot say. — *W. E. Hathaway, M.D., Maryville, Tenn.; Southern Journal of Homœopathy*.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE fifteenth annual meeting of the Society was held at the Parker House, Thursday evening, Jan. 5, 1888, and was an occasion affording much pleasure to the large number present.

The acting President, L. A. Phillips, M.D., called the business meeting to order at seven o'clock, and after the records of the preceding meeting had been approved, the following candidates were elected to membership: J. N. Knight, M.D., William H. Lougee, M.D., Irving G. Hall, M.D.

The committee appointed to inquire concerning some desirable place in which to hold the remaining meetings of the year, reported, through its chairman, Dr. C. E. Hastings, in favor of the rooms of the New-England Woman's Club, No. 5 Park Street.

This report was accepted, and the recommendation adopted.

The Secretary then read his annual report as follows :—

Annual Report of the Secretary, Jan. 5, 1888.—It is with mingled pleasure and sadness that I present to you my report for the year 1887,—pleasure that I am able to report the Society in so flourishing a condition ; sadness that I have to record the death of our late President, Dr. C. H. Walker, whose deep interest in the welfare of this Society, together with his kind and genial disposition, so endeared him to all its members, and whose kindly greeting and wise counsel will be greatly missed by us all.

The year just passed has, I think I may say, been one of unprecedented prosperity for our Society, as evidenced by the largely attended meetings, the acquisition of new members, and the character of the papers and discussions with which we have been favored.

We have during the year acquired twenty-one new members, while we have lost two by death and one by resignation, making our total membership at the present time one hundred and seventy-one.

There have been held nine regular meetings, at each of which we have had intelligent and instructive discussions of valuable papers.

While, of course, its principal interest has centred upon the advancement of homœopathy, the Society has discussed subjects of more direct public interest, such as our milk supply, food adulteration, physical culture, alcohol, and the health of our school children.

The papers read have been scholarly and instructive ; the discussions have been spirited, but always conducted with a spirit of liberality and good feeling which augurs well for the continued harmony and prosperity of the Society.

The Treasurer's report, showing a satisfactory balance on hand, was then read and accepted.

Election of officers for 1888 was then in order, and resulted as follows : President, F. C. Richardson, M.D. ; Vice-President, Caroline E. Hastings, M.D. ; Secretary, W. J. Winn, M.D. ; Treasurer, A. L. Kennedy, M.D. ; Censors, C. Wesselhoeft, M.D., Caroline E. Hastings, M.D., C. H. Farnsworth, M.D.

Shortly after, the members adjourned to the dining-hall, where, after the blessing had been pronounced by Rev. E. E. Hale, a very satisfactory repast was served.

During the evening the Arclamena Ladies' Vocal Quartette rendered charmingly many choice selections.

After delivering his own brief but exceedingly interesting address, the President called upon Alderman C. W. Smith, who, in his remarks in response to the toast, "Our Rights and Privileges as Citizens and Tax-payers," expressed his conviction that homœopathy should receive its proper recognition in the public institutions of the city.

To the toast, "Partnerships, or the Doctor's Wife," Dr. Hooker of Hartford, Conn., responded.

Rev. Dr. Hale responded to "Duties of Physicians to Church and Christian Work."

"Conditions essential to Health" brought out some felicitous remarks from Dr. H. C. Clapp of Boston.

Dr. Peck of Providence made plain the "Advantages and Disadvantages of Bachelors in the Profession."

"What we shall do for Recreation" was carefully considered by Dr. N. E. Paine of Westborough.

Dr. Richardson, the President elect, spoke of "The Future of the Society, and a Look Forward."

F. C. RICHARDSON, M.D., *Secretary*.

BOSTON HOMŒOPATHIC MEDICAL DISPENSARY.

THE thirty-second annual meeting of this corporation was held Wednesday, Jan. 11, 1888, at No. 10 Park Square, at 2 P.M. In the absence of the President, Charles G. Chase, Esq., presided. The Superintendent, Dr. A. L. Kennedy, reported that during the past year the Dispensary has taken care of 15,233 poor patients, and has furnished 41,677 prescriptions. The work has been divided among the three branches of the Dispensary, as follows: The Central Dispensary at No. 14 Burroughs Place is open daily, except Sundays, from 10 to 12, under the charge of Drs. Kennedy, Lincoln, Stackpole, White, and MacDonald, and has taken care of 1,401 patients with 4,508 prescriptions. The West End Branch, located in the Charity Building, Chardon Street, is open to the poor at the same hours as the Burroughs Place Dispensary. The men's department, attended by Drs. Clóck, Kennedy, Powers, and Thurston, has taken care of 1,617 patients with 4,259 prescriptions; the women's department, under Drs. Austin, Hammond, and Pearson, has treated 968 patients with 2,799 prescriptions; 2,306 out-patients have been treated

gratuitously at their homes, mostly by Dr. Clara C. Austin, and 2,749 visits have been made.

The College Branch is located in East Concord Street, in the building of the Boston University School of Medicine, and is divided into eleven departments. The medical department is open from 10 to 11 A.M., and under the care of Drs. Styles, Bender, Pearson, White, Brackett, and MacDonald, has treated 1,438 patients with 2,992 prescriptions; the surgical department, under charge of Dr. Boothby, assisted by Drs. Smith, Humphreys, White, Powers, and Winn, has treated 1,070 patients with 2,070 prescriptions. Over 600 surgical operations have been performed, and many wounds, fractures, etc., have been dressed. The women's department, under Drs. Shaw, Mann, Swain, Packard, Church, and Southwick, has had 792 patients, and made 2,346 prescriptions. The dental department, under Drs. Holland, Holmes, and Clock, has treated 1,122 patients with 1,409 prescriptions; the eye and ear department, under Drs. John H. Payne and A. A. Klein, has treated 666 patients with 2,540 prescriptions; the chest department, under Dr. H. C. Clapp, has treated 450 patients with 1,198 prescriptions; the children's department, under Drs. Getchell, Lawrence, Cross, and Gary, has treated 1,197 patients with 3,273 prescriptions; the skin department, under Drs. Coffin and Bliss, has treated 339 patients with 950 prescriptions; the throat department, under Dr. Woodvine, has treated 299 patients with 912 prescriptions. The out-patients are treated at their homes, principally by advanced students of the Medical School under the direction of the Faculty. Thus 1,548 were cared for last year, and 7,551 visits were made to the sick poor. The total number treated by the College Branch was 9,005, and 27,362 prescriptions and visits were made.

The Treasurer, Dr. J. W. Clapp, made his annual report. The receipts, including \$51.52 in the treasury at the beginning of the year, amounted to \$1,509.97. The expenditures amounted to \$1,269.64, leaving a balance of \$240.13 in the treasury.

The report of the Secretary, Dr. Talbot, shows that this Dispensary since its establishment has treated 168,838 patients, and furnished 433,602 prescriptions. The work, which is performed gratuitously by the physicians, is very arduous, and better accommodations are needed in each dispensary. A few hundred dollars annually would add very greatly to this important work. The following were elected officers for the ensuing year: President, Chester Guild, Esq.; Vice-President, I. B. Mills, Esq.; Treasurer, J. Wilkinson Clapp, M.D.; Secretary, I. T. Talbot, M.D.; Trustees, Hon. Jacob Sleeper, H. C. Angell, M.D., H. P. Stanwood, Esq., Charles G. Chase, Esq., A. Boothby, M.D., H. C. Clapp, M.D., A. L. Kennedy, M.D., D. G. Woodvine, M.D., J. P. Sutherland, M.D.

REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-third annual session. 1887.

This neat volume contains as indisputable evidence as its predecessors have done, of much pains-taking and fruitful work. The volume fitly opens with the address of the president of the society, Dr. A. R. Thomas of Philadelphia, a most interesting paper, notable for its outspoken common sense. In reference to palliative medicine, he says, with a manly reasonableness which none but a fanatic could fail to echo, "We are sometimes told that the true and loyal homœopathic physician will, and should, have nothing to do with palliative medication. . . . What would we think of the surgeon who, under such a claim, should refuse to employ anæsthetics in his operations, subjecting his patients to the needless agony of the cruel knife? . . . If the employment of anæsthetics is justifiable on the part of the surgeon, no less so is the use of anodynes, or other palliatives, on the part of the physician, in the management of many cases of incurable or other diseases attended with great pain and suffering. . . . But you may tell me that students so instructed will be in danger of becoming eclectics, or going over to the old school and abandoning homœopathy entirely. I reply, that, if the success of homœopathy is dependent upon keeping her students ignorant, . . . if to give them a broad and liberal education is at the risk of their deserting our ranks, then is our hold upon them weak indeed, and the days of homœopathy are nearly numbered."

An "immense patience" is testified to by the compilation of the "Repertory of the Symptoms of the Urinary Organs," made from Hering's *Materia Medica* by Dr. I. J. Gramm, and the companion paper, a "Repertory of Heart Symptoms," compiled from the same source by E. R. Snader, M.D. Every bureau, in fact, presents work worth the doing and worth the profiting by, and on which the Pennsylvania society may justly congratulate itself.

HEALTH LESSONS: A PRIMARY BOOK. By Jerome Walker, M.D. New York: D. Appleton & Co. 1887. 194 pp.

This little volume is undeniably a "happy thought," as Mr. Burnand would say. Its aim is to teach young children lessons concerning the structure and care of their bodies, in a fashion at once entertaining and impressive. The chapters are short, and clearly and simply written, and the illustrations immensely

well done, original, and amusing. The heading of the chapter on Appetite—a gigantic pig, sitting enthroned, and lashing with his long whip a shivering crowd of men and women who defile before him—is quite Dante-esque in its way. We are glad to observe that the artist has included among the slaves to appetite, not only the toper with his bottle, but an angular female stirring her tea-cup. The book is so delightfully bound as to attract the infant physiologist at sight, and altogether seems quite ideally adapted to its purpose.

FEVER NURSING. By J. C. Wilson, A.M., M.D. Philadelphia: J. B. Lippincott Co. 1888. 210 pp.

We have before taken occasion to cordially commend the excellent series of manuals to which this little volume belongs. They are practical to a degree, and afford, in an admirably condensed form, information which is invaluable alike to physician and nurse. The present volume devotes three chapters to fever-nursing in general, and one chapter each to the nursing of the continued fevers, the periodical fevers, the eruptive fevers, and the fevers with marked local manifestations, such as rheumatic fever, cerebro-spinal fever, and the like. An appendix gives fever-charts, and explains the method of keeping them. The subject of disinfection is very ably and fully dealt with. The book is most valuable not only to the professional, but to the amateur nurse, and, by the careful following out of its instructions by those in charge of fever-patients, the physician's task will be much lightened, and the patient's chances for life materially bettered.

A MANUAL OF MEDICAL JURISPRUDENCE. By Allan McLane Hamilton, M.D. New York: E. B. Treat. 1887. 390 pp.

Much work and much experience must necessarily go to the making of a work on medical jurisprudence, since such an one is nothing if not authoritative. Dr. Hamilton's name is too well known to admit of doubt as to his bringing the necessary qualifications to his task; and certainly no such doubt can be awakened by a study of the finished work here presented. It lays no claim to being an exhaustive treatise; the preface informing us that it "considers only those conditions of the nervous system which nowadays are so often the bases of litigation." Its eight chapters treat respectively of Insanity, Insanity in its Medico-Legal Relations, Hysteroid Conditions and Feigned Diseases, Epilepsy, Alcoholism, Suicide, Cranial Injuries, Spinal Injuries. Important legal decisions on typical cases are in some instances quoted, and in others summarized by Dr. Hamilton. Every physician should have at least one

standard work on medical jurisprudence at hand, for occasional consultation ; and none more desirable than the one under consideration could readily be suggested.

THE RECTUM AND ANUS: THEIR DISEASES AND TREATMENT.
By Charles B. Ball, M.Ch., F.R.C.S.I. Philadelphia: Lea Brothers & Co. 410 pp.

This, the latest of Messrs. Lea Brothers' very useful series of clinical manuals, deals with a subject of great interest to the general practitioner. Diseases of the rectum and anus are, as a rule, so painful in themselves, and carry in their train mental and nervous symptoms of such a peculiarly exasperating sort, that patients feel an exceptional gratitude to the physician who can correctly diagnose and promptly relieve them. To such diagnosis this little book will be found a very helpful assistant, dealing as it does with all phases of the diseases in question, and setting their symptoms plainly forth. The treatment recommended is largely surgical. The subject of piles is very fully treated. The author believes in operating, where operation is called for, without waiting for acute symptoms to subside ; claiming that no ill results will follow this procedure, and the patient be spared the prolongation of his pain.

MANUAL OF CLINICAL DIAGNOSIS. By Dr. Otto Seifert and Dr. Friedrich Müller. Translated by William B. Canfield, A.M., M.D. New York and London: G. P. Putnam's Sons. 1887. 173 pp.

This modest book is the work of practical physicians for practical physicians. It condenses into the briefest possible space, diagnostic signs and directions for physical examination which else might have to be separately and wearily sought through ponderous volumes. Since it claims, at the outset, to contain "nothing self-evident and nothing of secondary importance," it is evidently a work for the somewhat experienced practitioner rather than for the novice in medicine ; but such an one will find it a highly useful counsellor, and worthy a confidential corner of the office desk. The press-work and binding are admirable and appropriate.

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. Byford, A.M., M.D., and Henry T. Byford, M.D. Fourth edition. Philadelphia: P. Blakiston, Son, & Co., 1888. 820 pp.

The fact that this work has already reached a fourth edition testifies convincingly to professional appreciation of it. It is a book exceptionally adapted to the needs of the student and of the

young practitioner: little is taken for granted, every thing clearly set forth. It makes good its claim to stand as authority in the wide sphere indicated on its title-page. The latest word in gynecological surgery finds place in this new and thoroughly revised edition. A leading merit of the book is, that its therapeutic scope is broader than that of most works of a similar character: hygiene and diet are recommended no less than knife and drug; and such suggestions as that found under "Amenorrhœa," that fashionable young women may become anæmic "through sheer laziness, and the nervous anxiety connected with envy," have a ring of refreshing common-sense. The book is presented in durable and attractive form.

GYNECOLOGICAL DIAGNOSIS AND GENERAL GYNECOLOGICAL THERAPEUSIS. By R. Chrobak, M.D. Together with **ELECTRICITY IN GYNECOLOGY AND OBSTETRICS.** By Egbert H. Grandin, M.D. New York: William Wood & Co., 1887. 390 pp.

This work, comprising two valuable treatises by well-known authors, forms the fifth volume of the "Cyclopædia of Gynecology and Obstetrics," issued as "Wood's Library" for 1887. Dr. Chrobak's study of gynecological diagnosis is especially complete, and, with its many and clear illustrative cuts, will be found a most useful handbook for quick reference. Dr. Grandin's chapter on the use of electricity in diseases of women contains much that is novel, both in facts and recommendations.

DISEASES OF THE OVARIES. By Dr. R. Olshausen. Edited by Egbert H. Grandin, M.D. New York: William Wood & Co., 1887. 410 pp.

Dr. Olshausen's wide experience as a gynecological surgeon gives much authority to his utterances on the subject. All possible affections of the ovaries are here dealt with, together with the measures which modern science has found efficacious for their relief. The chapter on antisepsis contains many statistics of immense interest, and would form by itself a convincing argument, if argument on the subject were longer possible.

THE January CENTURY is especially rich in notable poems: "The Old Man and Jim," by Riley, for instance; "Pepita," by Sherman; and "The Hardest Lot," by Chadwick. Kennan's paper on Russian Provincial Prisons goes far to justify nihilism at its blackest. There is a powerful Southern story, "De Valley an' de Shadder." Mark Twain, in his farce of "The Meisterschaft System," so complicates the "awful German language" as to bring any student of it to the doors of Bedlam; and the articles

named but half tell the tale of literary delicacies offered. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for January numbers among its contributors, Hon. David A. Wells, Dr. Hughlings Jackson, Prof. Huxley, Prof. Le Conte, and other noted names of science. The paper by Dr. Jackson on "The Psychology of Joking," will make the noble army of punsters his friends for life. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

STATISTICAL REPORT OF 5,700 CASES OF EAR DISEASES.

OPERATIONS FOR MASTOID DISEASE.

TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA. By Seth S. Bishop, M.D. Chicago. (Reprints.)

WOUNDS, THEIR ASEPTIC AND ANTISEPTIC MANAGEMENT. By David Prince, M.D., Jacksonville, Ill.

A STUDY OF THE CAUSES AND TREATMENT OF UTERINE DISPLACEMENTS. BY THOMAS ADDIS EMMET, M.D. Reprint from Vol. XII, Gynecological Transactions.

MISCELLANY.

HUMAN COLOR IN DIFFERENT RACES. — The following interesting item appeared in the "American Analyst": "In treating a negro in Leipsic for an ulcerous affection, it was found necessary to replace portions of the skin with pieces taken from one or two white persons. These latter pieces gradually grew darker in color, and finally as black as the patient's own skin. This singular fact led to an experiment being made of transposing a portion of black skin on a white patient, and it was found after a few weeks these began to grow pale. In less than fourteen weeks they had, in fact, grown so white as not to be distinguishable from the patient's natural skin." — *South-ern Clinic*.

CHARLES READE named a favorite dog *Tonic*, because he said he was a mixture of bark, steal, and whine. — *N.Y. Medical Times*.

A WEATHER-BEATEN tramp, being asked what was the matter with his coat, replied, "Insomnia, it hasn't had a nap in ten years." — *Weekly Medical Review*.

THE recent death of the famous surgeon Professor Langenbeck has called attention to the fact that great surgeons not only as a rule are blessed with long life, but are very unwilling to retire from their profession till compelled by old age, although to the lay mind surgery does not appear a specially enjoyable employment. Dr. Spencer Wells relates that when Dr. Astley Cooper became too infirm to practise on human patients any longer, he continued to treat cows, horses, and dogs, and one day when a visitor called on him, Cooper asked, "Do you know what is my favorite employment at present?" — "Well?" — "To go about my garden, and select the tree best adapted for hanging myself." One obvious reason why surgeons live so long is that they know how to take care of their health. Thus Dr. Billroth, of Vienna, during a recent sojourn in the country, never neglected his daily heart and lung gymnastics. — *Medical Register*.

SLEEPING WITH THE HEAD NORTH. — The superstition that human beings should sleep with their heads to the north is believed by the French to have for its foundation a scientific fact. They affirm that each human system is in itself an electric battery, the head being one of the electrodes, the feet the other. Their proof was

discovered from experiments which the Academy of Sciences was allowed to make on the body of a man who was guillotined. This was taken the instant it fell, and placed upon a pivot free to move as it might. The head part, after a little vacillation, turned to the north, and the body then remained stationary. It was turned half-way round by one of the professors, and again the head end of the trunk moved slowly to the cardinal point due north, the same results being repeated until the final cessation of organic movement. — *Pacific Record*.

DANIEL'S TEXAS MEDICAL JOURNAL makes the following statement: "We see tannin, a saturated solution, much praised as an application to in-growing nails, but its effect is nothing to compare with the prompt and satisfactory action of pure carbolic acid. The inflamed part may be as tender and as sensitive as an inflamed eye, and one application of carbolic acid, poured or dropped from the vial directly on it, so as to penetrate under the nail, will relieve the pain almost instantly; and if applied at bed-time, next morning the part will be as insensible to the touch as wood. After this, the corner of the nail can be clipped off, or allowed to remain, and an occasional application will prevent the recurrence of the trouble." — *Pacific Record*.

A COMMON ANTIDOTE. — A poison antidote table says that equal parts of calcined magnesia, powdered charcoal, and hydrated peroxide of iron, in a sufficient quantity of water, is a general antidote for poisoning, for use when the poison is not known. It is a perfectly harmless and simple preparation. — *Technics*.

PERSONAL AND NEWS ITEMS.

WE learn, as we go to press, that the "Practical Manual of Gynecology," by Dr. George R. Southwick, will be issued in a few days. Judging from the advanced sheets, which by courtesy we have been enabled briefly to examine, the work promises to prove most useful and acceptable to the profession.

REMOVAL. — Dr. Henry B. Clarke, formerly of New Bedford, Mass., may be found for the present at the Hotel del Coronado, Coronado Beach, California. Refers to Dr. T. F. Allen, New York; Dr. R. Ludlam, Chicago; Dr. I. T. Talbot, Boston.

DR. HENRY B. CLARKE of New Bedford, owing to ill health has been obliged to seek a change of climate. He has gone to Coronado Beach, California, and all our readers who know him or know of him, will unite with us in wishing a speedy return to complete health to this genial and talented physician. He will be glad to see any of his Eastern friends or others at his rooms in the Hotel del Coronado.

E. L. EASTMAN, M.D., has located at 465 Main Street, Fitchburg, Mass.

MARY MOREY, M.D., class '85, B. U. S. M., was married to Benjamin Pearson, Dec. 15, 1887. She will continue the practice of medicine, as heretofore, at 85 West Springfield Street, Boston.

As we are going to press, the news reaches us of the death of Dr. Adolf Lippe. Dr. Lippe died in Philadelphia, Jan. 22, of typhoid pneumonia.

THE NEW-ENGLAND HOMŒOPATHS, in their zeal for the law of "similia," are not quite particular enough about the *cause* of many diseases which come under their notice. They vainly seek to cover a train of *symptoms* resulting from an excess of uric acid, while failing entirely to recognize that this same acid produces more than *fifty per cent of all the symptoms presented in practice*. Neutralize the acid by the use of some reliable form of *lithium bicarb.* (I prefer the natural lithium waters, like the *Londonderry*), and lo! the symptoms have taken wings. — *Practitioner*.

PRESQUE ISLE, ME., offers a good location for a young physician of ability.

SPECIAL COURSE IN GYNECOLOGICAL SURGERY. — By special request, and to accommodate physicians who find it impossible to absent themselves from business more than *one day* in the week, the following course has been arranged: A three-months' clinical course of instruction will be given, beginning Friday, Jan. 13, at 9.30 A.M., and continue thereafter once per week until April 13. It is intended to make this course as comprehensive as material and time will permit. Terms, \$25 in advance. Address HORACE PACKARD, M.D., *Hotel Chatham, Boston*.

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EDITORIAL.

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LEGISLATION WORTH STRIVING FOR.

It is rarely that the physician, as such, presents himself as a petitioner before the national legislative bodies by which he, in common with his fellow-citizens, is governed; and therefore when he appears in that capacity, and his petition is obviously framed not in his own interest, but in that of the public health and safety, he is very evidently entitled to a hearing. Such a hearing it is just now his duty to claim, in behalf of a highly important matter which has long been sporadically discussed by local journals and medical societies, but within a few weeks has been put into admirably concise and impressive form by the College of Physicians of Philadelphia, and so offered to the profession at large, in the hope of securing concerted and effective action upon it. This is the crying necessity for the establishment of an adequate national system of quarantine.

A householder, knowing of the existence and operations in his neighborhood, of determined and dangerous robbers, and yet preferring to sit up at night and guard his property with a shot-gun, while leaving doors and windows wide open to the midnight prowler, to furnishing himself with effective locks and bars, and burglar-alarms, would be regarded, to put it mildly, as conspicuously wanting in executive ability. And yet this is precisely what the Government of the United States is doing, in its attitude toward the deadly contagious diseases which at no

lengthened intervals travel hither from other countries, to steal not indeed the property of her citizens, but their health and their lives. In the times of comparative immunity and safety, when prophylactic measures can be perfected without haste and to lasting effect, the wise national householder ignores past lessons and future threatenings, and "smiling puts the question by;" and when an epidemic is at last upon us, rushes into defensive measures, — costly, and through the confusion of terror, ill-planned and ineffective. The plan of allowing each State and municipal government to establish and direct its own quarantine, is manifestly an absurd one, as pointed out in the able report of the College of Physicians of Philadelphia, to which allusion has already been made. A very few considerations suffice to make this absurdity clear. First, that one commercial port, being rich, can afford to take effective and expensive precautions against the entry of infectious disease, while another commercial port, being not so rich, naturally will take less effective and expensive precautions; and cholera and yellow fever being quite as willing as the average burglar to enter through an area window as through a stately front door, the result is obvious. Nothing but a national system, vigilant alike at the greater point of entrance and the less, can do away with this mischievous state of things. Again, since shipmasters naturally wish to discharge their cargoes as soon as possible, and to that end, in any time of suspected danger, will seek the port whose lax laws admit of promptest entry, the temptation is evident, to the port eager to secure its commercial growth, to relax its laws to meet the selfish demands made upon them by commerce. And yet again, since adequate precautions demand adequate money-supply, and the same money cannot meet two needs, suppose that at the moment a large sum was imperatively needed for quarantine service, the necessity were laid upon the guardians of a city of entertaining some African chief in a manner worthy his — or her — high place and their own; or of testifying by the gift of a jewelled zone, the city's gratitude to Mr. Sullivan for knocking the British lion out of time: — it is evident that in such case no craven fear of death for the citizens under their care, would influence the choice of the city guardians as to which direction the city's funds should take. In the

light of such considerations, and of the fact that not the best-equipped quarantine station of our richest commercial port is prepared for the work which the earliest heats of summer may bring upon it to do, while the lesser stations of other ports are ludicrously inadequate, the necessity of a national quarantine should need no urging. The expenditure of the large sums demanded for the establishment and maintenance of such a system of quarantine would utilize a portion of the much-bewailed "surplus" in a manner ideally suited to return the money contributed by all the people, in service valuable alike to all the people.

In conclusion, we cannot do better than to quote, *verbatim*, commending them to our readers' most earnest attention, the following passages from the report of the College of Physicians: —

A national organization would secure advantages not attainable by independent local quarantine establishments, however complete:

1. Suitably arranged and commodious buildings, provided with necessary furniture and appliances at all ports.
2. An efficient corps of trained officials and assistants always on duty.
3. The practicability of the concentration of force, money, and attention at any threatened port without loss of time.
4. Officials under control of the National Government, and free from local political and commercial influences.
5. The objects of quarantine would be furthered by full and reliable consular reports and sanitary inspection of emigrants at ports of embarkation, — functions properly belonging to officials of the General Government.

The organization of a national maritime quarantine system in the United States should require:

1. That the whole matter be placed under an appropriate department of the General Government.
2. A central bureau of control established at Washington.
3. A sufficient corps of medical officers and assistants, with nurses, sanitary police, laundrymen, engineers, and officers and crews for boarding tugs, organized at every station. Among the requirements for the medical service should be a speaking knowledge of at least two modern languages besides English. The establishment of a school and laboratories for sanitary instruction and research in connection with this service would be an advantage. In addition to the men on duty at the respective stations, there should be a sufficient number of medical and other officials fully trained in quarantine duties, and familiar with contagious diseases, unattached and available for immediate auxiliary service at any threatened port.
4. The erection of necessary hospital and other buildings, wharves, dis-

infecting apparatus, wash-houses, latrines, etc., in suitable localities, when possible upon islands at or near the entrances to harbors, and at some distance from the main channel.

5. These stations must be organized and fully equipped at every port of entry of the coast, in such a way as to meet the requirements of each port in the measure of its commerce and immigration, and the especial diseases to which it is most exposed.

6. The cost of the establishment and maintenance of the national maritime quarantine should be provided for by appropriation from the national treasury, and not by fees exacted from vessels.

If your co-operation be agreed upon, we would further suggest, that, as medical bodies and as individuals, you assist in influencing legislation by the following means :

1. The passage of formal resolutions recognizing the necessity of national control of maritime quarantine, and urgently recommending the matter upon the consideration of your representatives in Congress.

2. Strenuous efforts to enlist popular sentiment in support of such legislation.

3. The enlistment of the influence of the local medical and public press.

EDITORIAL NOTES AND COMMENTS.

THE REMOVAL OF THE IMPORT DUTIES FROM MEDICAL AND SURGICAL INSTRUMENTS AND APPLIANCES is — *apropos* of medical legislation in the interests of the people — another subject which is just now being earnestly advocated. The Medical Society of Georgia has lately taken the matter in hand, and asks the help of all interested, in securing the repeal of this tariff, if possible, during the present session of Congress. The reasons urged in the society's plea are exceedingly cogent ones : as, I. The lack of competition, which puts American physicians and surgeons practically at the mercy of instrument-makers, both as to the quality and price of the instruments which are the *sine quâ non* of their work ;

II. The very high price of instruments in this country, compared with European prices ;

III. The fact that this price is a prohibitory one, to many young practitioners, whose patients not infrequently suffer for the lack of immediate aid which cannot be rendered in the absence of suitable instruments.

It would seem that to such a plea as this, no reasonable objection could be urged, nor any legislator, however contumacious, set his face against it. Any opposition raised by American instrument-makers would be so evidently the cry of "a class against the mass," as to merit no serious notice. The reduction of the tariff is become a war-cry of which our ears are weary; and here is a direction in which the tariff may be reduced, to the rejoicing of the immense army of American physicians, and the better serving of the immensely greater army of their patients. It is one of the cases where the many need "protection" vastly more than the few; and it is a bit of legislative reform which a comparatively trifling effort can hardly fail to bring about, now that the time is so obviously ripe for it.

A STEP FORWARD — or, to be accurate, not so much a step forward, as the reaching-forth of antennæ, as it were, for a tentative feel of public opinion, professional and lay — seems to have characterized the last councillors' meeting of that toughly conservative body, the Massachusetts Medical Society. Thus the "Boston Medical and Surgical Journal" for Feb. 9 reports the matter referred to: —

"The committee on medical diplomas, to which, at the meeting in October last, was referred the question of fellowship in the society, as embraced in By-Laws I. and II., reported and recommended the repeal of the following sections of the concurrent vote of the councillors and society, Oct. 7, 1874 (By-Laws, etc., pp. 27, 28): —

"That tickets or diplomas of botanic, eclectic, or homœopathic colleges, or of colleges devoted to any peculiar or exclusive system of medicine, are considered irregular, and will not be recognized under any circumstances;

"And that certificates from teachers who practise any peculiar or exclusive system of medicine, who advertise, or who violate in any way the code of ethics adopted by the profession in this State, will not be taken, even though the teacher himself be a regular graduate in medicine."

"The committee stated that by the adoption of this recommendation by the council and society it would be possible for the council to add to the list of schools whose diplomas are recognized for the purpose of admission to the society, such eclectic and homœopathic schools as furnish the education required by By-Law I.; and the graduates of such schools who have renounced eclecticism, homœopathy, or other exclusive dogma, would become eligible to examination for admission to the society."

What is the significance of this action on the part of the representative old-school medical society of New England?

First, and chiefly, this. The Rip Van Winkle of rational medicine has come sufficiently awake from his nap,—whose prolongation and profundity suggest a self-administered narcotic,—to recognize that the representative homœopathic colleges to-day send forth graduates possessed of as sound and scientific a medical education, as do the representative old-school colleges; and there is no reason, therapeutic beliefs aside, why the two graduates should not meet together for mutually helpful counsel. How significant such a recognition and admission is, can be best appreciated by remembering what a strong point has been made, hitherto, of the “ignorance” and the “partial education” of homœopathic practitioners, by the allopathists called upon to defend themselves for refusing fellowship with them. This plea of allopathy is, by its own act, now refuted and made void. By its own act, the Council of the Massachusetts Medical Society now declares to the world that its sole excuse for debarring a homœopathist from membership in the Society is because he *is* a homœopathist: in other words, a physician as scientifically educated as any of its own members, whose sole sin is that he has had the wisdom to prefer, in practice, to follow a law which within its own sphere is consistently and beneficently able to heal the sick, to the aimlessness of everlasting experiment, and has the candor to declare that preference. Rip Van Winkle must be still exceedingly drowsy, to fancy that any such excuse as this will be accepted by public opinion in justification of medical bigotry.

Time was, when a homœopathic past condemned a practitioner's present and future, past redemption. Time is, apparently, when a practitioner may win plenary absolution for such a past, by present recantation and amendment. Time will probably never be, when the homœopathist will feel either the need or the desire to ask such absolution. When the Massachusetts Medical Society, and the medical faction it represents, shall extend the right hand of fellowship, without dictatorial reservation of any sort whatever as to therapeutic belief, to the physicians whom they now tardily acknowledge to be their educational equals, then will the right hand of those physicians

be cordially extended in turn. Speed the coming of that millennial day!

Meanwhile the old nursery rhyme is acting itself before the amused eyes of the public at large. Allopathy, the lord of the manor, casts covetous eyes toward Homœopathy, the maiden beautiful in her youth and her success, and after a little cross-questioning, mournfully sings, —

“ But I can't marry you, my pretty maid.”

And Homœopathy, with a cheerful pertness which her comparative youth must excuse, sings blithely and candidly in answer, —

“ Well, nobody asked you, sir, she said !”

A CERTAIN ENCOURAGEMENT TO YOUNG M.D.'s, who have begun to find out, with much bitterness of spirit, the difference between the income represented by the charges in their ledgers and the income represented by entries on their bank accounts, is afforded by an incident pleasantly chronicled in a private letter which has lately reached us. We take pleasure in transcribing the passage referred to, for the benefit of our professional brethren, to the strengthening of their oft-tried faith in delinquent human nature : —

On a hot summer's afternoon of last year my bell rang. I went to the door, and there stood a little old lady, plainly dressed, with a jolly face. My first impression was that she was a canvasser or had a petition to sign. She said: “Are you Dr. ———?” I replied that I was the gentleman, and asked her in. She sat down, and putting a bag and a roll of paper on the window-sill, she remarked that it was very hot out, and if I did not object she would take off her bonnet; which she did, placing it on the floor. “You don't know me?” she asked. I told her I thought I had never seen her. “Well, I don't wonder,” she said. At that she took her bag, and from it a box, and remarked that she used snuff, and if she took a little hoped I would not be offended, as it gave her a great deal of comfort. “Oh, no,” said I; “I smoke, and I don't know why you should not have your enjoyment.” After having used a bandanna, she went on with her story. “I have been a long time trying to get to you,” she began. My wonderment was increasing, when she said she had come to pay me some money, and then recited the circumstances for which she had come to pay. “Do you recall it?” I said, “No;” but little by little it dawned upon me. “Now, how long ago do you suppose that was?” asked she. “Well, I should say it

was about twelve years ago." — "Why, bless your heart, my husband has been dead twenty years this day, and you have never been out of my mind; we were poor, and you never sent us a bill for attending my husband. Now, I have but little, and I have brought you three dollars." — "My dear woman, I don't want your money; I have no claim upon you, and the thought of your remembrance at this late period pays me for all I may have done; put it up, and make yourself happy and comfortable." — "Oh, no, doctor, I cannot; I have two dollars more, which makes five, and you must take it. You came three times, and I have come a long ways to find you, and I can spare it, as I have enough to eat, clothes (such as they are), and a little something to bury me." I was staggered, and positively refused to take it: when she pleaded so hard, saying it would make her happy now, and that she should die happier for the thought of it, that I acceded to her wishes. She was nearly eighty years of age, and I had not seen her since the time she referred to. I gave her a receipt in full, and when she had gone I looked up the record, and it was over twenty-one years ago. The entry in my notebook was to the effect that "Wonders will never cease;" and "Cast thy bread upon the waters, and it shall return *some time*."

COMMUNICATIONS.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

THE symptoms of the CIRCULATORY SYSTEM to be found in the provings are meagre in the extreme, for "** pulse irregular, 96; in health, about 75 (after ten minutes),*" is the sole indication furnished by Allen.

Turning to allopathic sources, Dunglison ("New Remedies," p. 119) writes as follows: "When iodide of arsenic is injected into the veins, it does not exert so strong an action on the heart as might be expected from so poisonous a substance. Dr. Blake twice injected solutions, containing each six grains of this substance, into the jugular vein of a dog, without producing the slightest appreciable effect on the heart."

But Dr. E. J. Waring, in his valuable "Manual of Therapeutics," quotes Dr. Walshe's experience with this remedy in cancer: "The system, generally, soon gives evidence of its action; *unusual palpitation*, with dryness of the fauces and of the alimentary canal, occur;" and this as the result of doses of from one-sixteenth to one-twelfth of a grain, twice a day, two hours after eating.

To Dr. E. M. Hale, of Chicago, belongs the credit of first

pointing out the value of this remedy in cardiac diseases. In the first edition of his "Lectures on Diseases of the Heart" (1871), after pointing out the indication for arsenicum album in pericarditis, he remarks, "The iodide of arsenic will doubtless prove a superior remedy in such cases. *Dose*, the third or sixth trituration." Again, in the "Characteristics of the New Remedies" (1873): "° tightness of the chest, with short, dry cough, ° asthmatic complaints; cardiac asthma. Anxiety in the region of the præcordia (Wilson); ° palpitations; in hypertrophy of the heart" (Hale). Lastly, in his "Materia Medica and Special Therapeutics of the New Remedies," Dr. Hale states that he has found this remedy of great value in *hypertrophy of the heart with dilatation*, when the patient was troubled with severe and violent palpitations, with great anxiety in the region of the præcordia, asthma, and dry cough.

But to Dr. John H. Clarke of London, England, the present editor of the "Homœopathic World," must be accorded the honor of having elaborated the use of this great agent in organic disease of the heart. On Sept. 18, 1884, he read his essay on that subject before the British Homœopathic Congress, and it was at once published in the "British Journal of Homœopathy" and the "Monthly Homœopathic Review." It was freely criticised in the "Homœopathic World," the reviewer even saying that "the scientific value of the work is but small, owing to the persistent alternations of remedies which cannot be defended."

Dr. Clarke's plea for alternation is ingenious but fallacious; and in the opinion of the present writer, it is the dead fly which maketh the ointment of this particular apothecary to stink. Dr. Clarke remarks, "We are sometimes told that when the British army has won its greatest battles, it has always been helped by allies; that, if it had not been for these, its victories would have been defeats. I find, on going over my cases, that the medicine whose praises I am about to set forth is very much in the position of the British army, — it has fought the greater number of its battles in alliance with other, very respectable warriors. But as we are not inclined to admit that all the glories of Blenheim are due to the forces of Prince Eugene, or of the Peninsular War to the Spaniards, or of Waterloo to the Prussians; so I think that I shall be able to show that in the cases I am going to relate, the medicines given along with the *iodide* were what our orthodox friends delight to call 'adjuvants,' and the *iodide of arsenic* itself the agent-in-chief."

Still, even with its alternation, Dr. Clarke's monograph is a practical contribution of real value; and, aided by it, I have been able to help a number of cases which had baffled all other remedies.

In his preface, Dr. Clarke writes as follows: "I have been asked how I first came to give the salt in cases of heart-disease. As far as I recollect, it was from observing the marked improvement in the heart symptoms of patients suffering from both pulmonary and cardiac disease, when I had been led to choose the medicine from the lung symptoms alone. Believing that the improvement was due to the direct action of the salt on the heart, and not to its action on the lungs only, I next gave it in cases where the lung symptoms were not such as would call for it, and then I found its action on the heart was just as marked and just as beneficial as in cases of pulmonary and cardiac disease combined."

Dr. Clarke continues: "Many of the cases showed evidence of valvular affection, and I cannot say that in any of them was there any improvement in the condition of the valves. That is not what we look for. When a valve is damaged, the cardiac muscle is at once placed at a disadvantage, and until it has grown larger and stronger by hypertrophy, all the symptoms of weak heart are experienced. When once the heart has recovered its balance, these symptoms cease, and persons may, and sometimes do, go on for years, and never know there is any thing wrong with them. But the cases that come for treatment are not of this kind. They have, in addition to the valvular trouble, weakness or degeneration of the heart-walls. Unless something is done to arrest this degeneration, or to enable the weakened muscle to recover its strength, a short life in great misery is all that the patient can expect. Now, it seems to me that *iodide of arsenic* performs this function of strengthening the heart-muscle, and arresting degeneration, better than any other medicine I have employed. I have given it almost exclusively in the third decimal trituration, two-grain doses, twice or thrice a day, immediately after food."

Mitral Stenosis and Incompetence, with Angina. — Mrs. McC——, aged fifty-two, rather above medium size, gray eyes, dark hair, thin, rather pale, consulted me April 22, 1882. She was taken ill in Scotland the previous July. She went to bed one night quite well, woke up with a feeling as if the ribs were being pressed into the heart; for thirty-six hours was in agony. It was a month before she was well enough to travel to London. She has the same sensation (of pressing-in of the ribs) and palpitation at the same time. Has had two or three attacks since that in July, but not so severe or long-lasting. Has frequent severe palpitation and rush of blood. Is faint after the attack; in the night she wakes with a feeling of going over a precipice. If the feeling comes on when she goes to bed, she cannot sleep at all, and has to be propped up. Cannot go up stairs or exert

herself, as it brings on pain in the side, — not the pain at the heart; that comes on when she is quite calm and still.

She has a cough night and morning, and raises much phlegm. Has to be very careful with her diet. Never was strong; for ten years attended the Victoria Park Hospital for consumption. Had her right arm broken twice, at six and at sixteen. Since the second break, has had rheumatism in the arm, but never had rheumatic fever. Not having time to examine the chest thoroughly on that occasion, I gave her *salvia* 1 x., gtt. j., and *bry.* 3, gtt. j., 3 h. alt., and told her to return in a week.

The sphygmogram taken on this day is of great interest, the beat being regularly triple. The following week it was double, and gradually became a single beat as the symptoms improved. It need hardly be said they were all taken with Dr. Dudgeon's sphygmograph.

April 29. — Palpitation has been the same till the last two days. Has had a very bad cold, is coughing much; cough is in fits. She raises a good deal of phlegm at night. Pulse 46.

Examination. — Vertical dulness begins at lower border of third costal cartilage. Transverse dulness at level of fourth costal cartilage, extends two and a half inches to the left of the sternum. This part is bulged forwards. The apex beat is felt, but very faintly; the impulse is felt near the sternum.

Sounds. — Regularly irregular. One strong beat is felt, followed by two smaller ones which make no impression on the pulse at the wrist. Sometimes there is a soft systolic bruit, and at the tricuspid area a rough bruit apparently diastolic. The heart sounds are clear at pulmonary and aortic areas. *Bruit de diable* in neck.

Lungs. — Dulness and slight flattening, with increased vocal resonance and fremitus at right apex; exaggerated expiration.

Presc. ars iod., gr. ij., n. et m., p. c.; *dig.* 1, gtt. j., t. d.

May 6. — First part of week worse; twice she fainted right away; but last part of week much better, less fluttering, less pain, less flushing, cough looser.

Examination. — The secondary beat is felt like a thump at the apex, where a soft systolic bruit is heard with the primary beat; it is heard nowhere else. The region of the apex is very sensitive. Rep.

May 20. — Very much better. Has not had the heart so quiet for months, only has palpitation now when called suddenly, and then only slight. Appetite good, but she cannot take meat.

Examination. — Action of the heart quiet and regular, but instead of the two sounds three are heard. After the systolic comes the diastolic, and then a sort of rebound, with the systolic sound, in the mitral area, and over the third left costal cartilage

a soft systolic bruit is heard. This is not heard with the third sound, and it is not heard to the right of the sternum. In aortic area, the first is very feeble and the second stronger. In the pulmonary area, all three sounds are heard, but not the bruit. Rep.

June 3. — Keeping very much better. Phlegm hard to raise.

Examination. — Lungs: prolonged expiration both apices, and increased vocal resonance, the latter most marked on right side, with increased vocal fremitus. Heart-sounds much steadier; there is a thump with the first sound; a præstolic bruit can now be distinctly made out in mitral area; no apex beat is felt; cardiac dulness extends from half an inch to the right of sternum five inches across. Rep., also *kali bich.* 3, gtt. j., p. r. n. (for difficult expectoration).

She did not return till Aug. 25, 1883. Pulse 82. Has no pain at heart now, though she feels it weak, and is faint; there is a præstolic thrill. She returned on account of blocking of the nose, and loss of taste and smell. I discovered a polypus in each nostril, the right the larger. Eighteen years before, she had polypus, which she said was burnt. *Ars. iod.* 3x. gt. ij., n. et m.; *thuja* 3x., gtt. j., q. d.; *thuja* θ , to be applied with brush three times a day.

Sept. 8. — Head better; pulse 76, not so faint and low. Tastes better, can smell sometimes; sleep poor. Rep.

Sept. 19. — Unable to sleep since 15th; has the "falling" sensation; continual fidgeting with the limbs. Pulse regular. *Act. r. i.*, gtt. j., q. d.; *coff.* 3, gtt. j., 1 h., p. r. n.; *thuja*, θ , to be applied.

Oct. 3. — Very much better; sleep good after three days; fidgetiness better; nose better, less stopped. Rep. *Act. r.* and *thuja* application.

Oct. 24. — Very much better generally; can smell now and then.

Nov. 14. — Very much better; smells quite well, tastes better, sleeps well. Rep.

Dec. 5. — Very much better as regards the polypus; it gives no inconvenience now. Heart troublesome again; sleep not so good. Has pressure on the back of the head; the application of *thuja* now causes pain.

Dec. 29. — In the early part of this year, she had a great shock, — the news of the wreck of a ship with her son on board. She was for many days in suspense as to his fate, but learned at last that he was among the saved. She does not think she has been well since the shock. She has nausea after all food. Tongue white, bowels confined. Has pain in the side. Nose fairly clear. Præstolic still heard, only faintly, at apex. Pulse a little irregular; cough in fits; sleep bad till she used *coffea*.

Thuja still causes pain. *Ars. iod.* 3x., gr. j., n. et m.; *ign.* 1. gtt. j., q. d.; *thuja* application.

Jan. 12, 1884. — Very much better. Had a faint on Dec. 31, but much better on the 2d, and has continued so. Bowels rather difficult. Nose a little stopped; has flushes. Rep.

Feb. 23. — Says she is "pretty well," the polypus is the worst of her troubles. Is losing taste and smell; has rheumatism in left foot and arms. *Ars. iod.*, n. et m.; *thuja* 3x., gtt. j., t. d.; *thuja* application.

March 12. — Better; nose better; tastes better, has little pain. Rep.

April 12. — Has neuralgia; nose pretty well, has smell the last fortnight. *Spigelia* 1, gtt. j., q. d.

This case was two years under observation. She came originally for an opinion merely, not expecting to receive much benefit, knowing she had heart-disease. She was restored under treatment to activity and comfort, and I ascribe the chief share of the credit to the *iodide of arsenic*. In the next case there will be less room for doubt, as the treatment was less complicated. By a curious coincidence, he came to be treated for polypus. (JOHN H. CLARKE, M.D.)

William B—, æt. twenty-six, cabinet-maker; rather below middle size, but well made and well nourished; pale, fair; came under my care May 26, 1883, for polypus of the nose. He was treated with *thuja* internally and locally, and received much benefit, the polypus diminishing much in size, and ceasing to give him trouble. He continued to attend at long intervals.

May 5, 1884. — He complained that he felt ill in himself, and was low-spirited, and suffered from giddiness. He attributed it to having three stumps taken out, under gas, about Christmas time. Had chorea as a child. On examining his heart I found there were no proper sounds, all being replaced by bruits, the heart itself being much hypertrophied. I gave him *ars. iod.* 3x., gr. ij., n. et m., p. c., and continued the application of *thuja*.

May 17. — He expressed himself as much better generally, and gave a like report on the 31st.

On the 28th of June the improvement was still maintained, though he had not had medicine all the time. Rep.

On July 28, he was quite free from any symptoms relating to the heart.

In this case the steady improvement in the heart's condition can only be attributed to the *iodide*, as this was the only new element introduced into the treatment. (JOHN A. CLARKE, M.D.)

(To be continued.)

PREMATURE ATROPHY OF ALL THE GENITAL APPARATUS FROM THE ABUSE OF MORPHINE.

BY DR. W. LEVINSTEIN.

[Translated from the *Centralblatt für Gynäkologie* by George R. Southwick, M.D., Boston, Mass.]

(Continued.)

It will be remembered that the depth of the uterus was 4½ c.m. when the patient was admitted to the hospital in July, 1886. She was dismissed in good condition, early in August, with the exception of atrophy of the uterus and ovaries, and the absence of all the functions of the genital organs.

She returned for examination on Sept. 21, 1886. The depth of the uterus was 4½ c.m. Early in September, the menses had returned for the first time since 1885. The flow was profuse, with severe sticking pains on both sides of the linea alba.

She reported at the clinic again, on Nov. 11, 1886. She had a fresh, ruddy, healthy appearance. There was a marked mental and physical improvement. She said her mind was more acute, the power of comprehension more rapid, and her spirits lighter. The menses returned for the second time Sept. 24, profuse and accompanied by severe pains in the sacrum before and after the period. She was not obliged to keep in bed, and attended to her usual housework. Her condition after the flow was fairly good, excepting a very profuse leucorrhœa which had commenced fourteen days before the period. This leucorrhœa, which still persisted, was yellow, had a very strong odor, and a creamy consistence; shortly before the period it became thinner and grayer. There were no pains at the commencement of the menses.

It is noteworthy, according to the observations of my father (*cf. Morphiumsucht*, p. 22), that in women who suffer from leucorrhœa, the latter often disappears when the morphine is withdrawn, and then there are as often labor-like pains as a profuse secretion. Erlenmeyer has also made the same observation (*cf. Morphiumsucht und ihre Behandlung*, p. 46).

The patient complained chiefly of sleeplessness. There were only now and then nights in which she slept four and five hours, while she was wide awake during the other nights. (This sleeplessness is a symptom of abstinence from the morphine.) She slept better during the menses. All the other functions of the vegetative organs were normal.

The monthly occurred for the third time on the 30th of October, and lasted till the 7th of November; it was profuse, painful, and she again slept better. During the time between

the 24th of September and the 11th of October, there were repeatedly pains in the elbow and shoulder joints, which were of short duration and unaccompanied by fever.

In marital intercourse, which had entirely ceased during the last two years of the opium-habit, she experienced the same sexual gratification as before the use of the narcotic. The sexual instinct, which was much intensified soon after giving up the morphine, has again returned to its normal limits.

Status præsens. — There is nothing abnormal about the upper portion of the body. The mammæ are of the same size and consistence as in the beginning of August. The abdomen is somewhat depressed, and below the level of the thorax; the pelvic organs are sensitive to deep pressure downwards; the vaginal portion lies in front of the spinal axis, and to the left of the median line. The uterus is retroverted towards the left, and can be replaced by bi-manual manipulation. The left side of Douglas' cul-de-sac is painful. The anterior portion of the left parametrium is also painful, but offers no resistance. The right side of Douglas' pouch is likewise painful, and the anterior portion of the right parametrium sensitive. The uterus is 5 c.m. deep.

In comparing this condition with the former ones, there is an evident difference. On one side, the awakening of the sexual life, which had hitherto been completely dormant; and on the other side, the gradual beginning of the restitution of the sexual organs *ad integrum*.

In looking over the literature of atrophy of the uterus, we find the following statements: According to Cohnstein (*Grundriss der Gynäkologie*, p. 73), the menses never return after puerperal atrophy of the uterus, unless to a minimum degree; according to Schroeder (*Handbuch der Krankheiten der Weiblichen Geschlechtsorgane*, p. 82), the periods do not return in puerperal atrophy of the uterus in women who are poorly nourished, though the labor and lying-in period may have been otherwise normal. The same author states that the uterus is exceedingly relaxed, and has such thin walls it can hardly be palpated, and a sound introduced into it can easily be distinctly felt through the abdominal wall, though the depth of the uterine cavity is normal.

It is very improbable, from the above descriptions, that this atrophy belongs to the puerperal variety. Schroeder's statement that the depth of the uterus remains normal in puerperal atrophy of the uterus contra-indicates it, as in this case the uterine cavity steadily diminished during the last two years, and now has commenced to increase again. Besides, the atrophy is not confined to the walls of the uterus, but affects the entire genital

system (mammæ, ovaries, and external genitals, which have decidedly atrophied). Neither of the above authors mentions this.

In confirmation of the opinion that atrophy of the glands can be caused by the abuse of morphine, I would refer to my father's investigations on animals (cf. *Morphiumsucht*, p. 23; *Thierversuch*, IV. n. v.). The experiments were conducted on pregnant bitches, one of which was given a hypodermic injection of 0.03 gram morphine, three times a day for eleven days. After four days, there was a noticeable diminution of the milk-glands, which were previously prominent. After eight days, the glands have shrunk still further and dried up. The circumference about the abdomen was also diminished.

The other bitch was given sub-cutaneously 0.12 gram morphine daily for twenty-one days. The pregnant uterus of the animal could be distinctly felt through the vagina. The milk-glands were distended. On the administration of morphine, these became relaxed and withered.

In some cases, my father has noticed shrinking and wasting of the mammæ, after the continued use of morphine. "In accordance with my observations (cf. *Morphiumsucht*, p. 49) that the glands of the stomach are paralyzed by morphine, is that of Claude Bernard's (cf. C. B., *Leçons sur les Anesthésiques et sur l'Asphyxie*, Paris, 1876, p. 216), that in morphinized dogs the sub-maxillary gland does not secrete."

These experiments demonstrate that, in larger doses of morphine, the functions of several glandular organs cease, and finally the glandular substance itself becomes atrophied. While this point does not positively prove a degeneration of the uterus from the abuse of morphine, it is of importance in reference to an atrophy of the ovaries, which must be classed among the secreting organs.

We come now to the chief point of difference between puerperal atrophy and that we are considering; i.e., the recurrence of the periods. The flow was profuse, and lasted longer than normally. Both Schroeder and Cohnstein expressly state that the periods either never recur, or only do so to a minimum degree. These conditions, therefore, do not correspond to the descriptions of puerperal atrophy. B. S. Schultze has never observed a case of puerperal atrophy which returned to a healthy condition; and though this degeneration of the pelvic organs is of common occurrence, there has never been a case, to my knowledge, where the genital functions were re-established.

The atrophy of the ovaries may, perhaps, be considered analogous to the degeneration of the human testicles in the chronic abuse of morphine. I notice in the post-mortem records of my father (cf. *Morphiumsucht*, p. 241), that in a man who had used

morphine in large doses for some years, and finally died, the testicles were found very small. Every other cause of atrophy could be excluded, except the loss of function from the abuse of morphine, and the secondary degeneration in consequence.

Though this is the first case in which the physician has had an opportunity of reporting the condition of the genitals of a woman addicted to morphine, there can be scarcely any doubt, from the previous remarks, that this atrophy of the entire genital apparatus was dependent upon the abuse of morphine.

CHLOROFORM OR ETHER?

BY N. W. EMERSON, M.D.

[Communicated to and read before the Hughes Medical Club.]

MOSETIG-MOORHOF, in his Surgery, *Handbuch der Chirurgischer Technik*, says, "For ten years the dispute has spun itself along as to which of the two first-discovered anæsthetics, chloroform or ether, the palm of precedence belongs. At present it is generally conceded to chloroform; I say generally, for if to-day individual surgeons prefer ether, or narcotize with a mixture of both, they are and ever remain exceptions. The great mass use chloroform alone, because its manner of application is simpler, its action has proved itself surer and more pleasant for the patient, and finally, in reference to the danger, both means stand upon the same level."

Probably every surgeon of any rank on the Continent would without reservation agree with the above. Several reasons would lead them to this conclusion, such as arbitrary custom; the repeating of what they have seen and heard since their first entrance into surgery, simply doing as they have been taught, and teaching over again the lesson so well learned at a former time; a lack of opportunity to compare the two means of anæsthesia; and a slowness in accepting what does not originate at home. The above reasons, substituting ether for chloroform, and excepting the last, would also apply to American surgeons as a whole, since they are almost as strongly prejudiced in favor of ether, and comparatively rare opportunities are afforded as yet to judge of the application of chloroform.

An impartial observer comparing the two will see many advantages possessed by each, and that each has its proper sphere of action on the one hand, and well-defined limitations on the other, but will finally conclude that chloroform has one insuperable disadvantage as compared with ether, which is that it is more dangerous to life. If anæsthesia were undertaken merely

as a pleasure, chloroform would undoubtedly always be chosen, for in favorable cases it produces narcosis very promptly and with little discomfort to the patient, and after the operation its effects quickly subside. Even after severe and long-continued operations, it is a common thing for the patient to have completely recovered consciousness before the bandaging is concluded, and it is not rare for such a one to get from the table and leave the room unassisted. While nausea frequently occurs as with ether, it is not usually severe, and there is no long-continued, troublesome retching.

Wherein the manner of application is simpler, is not plain. To be sure, it takes not so long a time, nor so much of the anæsthetic, as in the case of ether; but the manner of giving it is no more simple, as the means are practically the same, due care being taken to allow a proper admixture of air. With animals it has been found that the limits of its use are from eight per cent to twenty per cent of chloroform in air; that is, less than eight per cent rarely produces narcosis, and more than twenty per cent will very likely cause death. With human beings, so high a percentage of chloroform is not allowable, and probably not more than ten per cent is usually given, though different authorities slightly differ in their estimates.

When it is claimed for chloroform that "its action has proved itself surer," the strongest kind of objection must be made. The deaths by ether are very, very rare. Deaths by chloroform are not so. Also, cases here, which to an on-looker seem fatal in consequence of the anæsthesia, are often not so declared. Two cases which have been personally seen may be of interest. Names and places are of course omitted.

A case of Cæsarian section lay upon the operating table. Woman was aged forty-three years. Cause of operation, a malformation of the pelvis. At full term. Every thing, to the minutest detail, was ready. While chloroform was administered, the operator, one of the best, explained the reasons for operating. The abdominal tumor was very prominent, unusually so in consequence of the high-lying uterus, and with every respiration the whole uterine mass could be seen to move freely beneath the thinned abdominal walls. There was a marked upward and downward projection of the mass with each full expiration and inspiration. Suddenly, without the slightest warning, the respiration ceased. There were no preliminary failings, either of pulse or breathing. All in an instant, unnecessary assistants and onlookers were asked to leave the room, and directions for artificial respiration given. This was immediately begun, and regularly, systematically, and admirably continued, the head first of all being lowered, and the tongue drawn forward. The woman

became very much asphyxiated ; the features becoming distorted and discolored, the neck thickened and dark, and the tongue protruding. Artificial respiration, with severe shocks to face and thighs by slapping with towels wet in cold water, finally brought an inspiration, and a sigh of relief was felt rather than heard, as deep and sufficient breaths succeeded each other.

In a short time, complete anæsthesia was again induced, and the operation was begun and successfully completed, the child being revived and saved. But this is not all. Three days later, the information is given that the child lives, but the mother is dead. The question is asked, "Did she die from the effects of the operation?"—"No," is the answer; "from œdema of the lungs." Is there not food for reflection here? This patient almost died from the effects of chloroform at the time it was administered. There was cessation of respiration; no heart-beat; rapid lividity, followed by quickly deepening blueness and coldness of the surface; swelling of the head, face, neck, and upper part of the chest; protrusion of the tongue, which was almost black, and prominence of the eyes; in fact, a perfect picture of asphyxia. It was only strenuous efforts in the way of artificial respiration, combined with other usual measures, which finally resulted in restoration of breathing power. When restored, it was much more superficial than before. There were none of those long, full, and deep respiratory movements, very noticeable because of the abdominal prominence and marked fluctuation upward and downward of the whole abdominal contents.

This woman died in consequence of œdema of the lungs, not from any thing directly traceable to the operation itself, nor from any septic influence. When told this—and undoubtedly it was true—the thought immediately arose, "Were the chloroform and resulting asphyxia concerned?" It is difficult to believe they were not. With the asphyxia there was a crowding of the lungs with stagnated, venous blood. When respiration was renewed, parts of the lungs—the more accessible—were immediately restored; but other parts—the more remote—did not readily give up the dead venous blood with which the vessels were engorged. There was a venous stasis, which would be the more likely to occur if some portions of the lungs were compressed by the enlarged and high-lying uterus, and œdema was the final sequence. The death of this woman should be called a death from the effects of chloroform, for, had ether been used in place of it, she certainly would not have been asphyxiated, and would probably have lived.

This case was peculiarly interesting to a new observer of the effects of chloroform, especially so as a few days previous a

conversation had been held with the operator in regard to the conventional and general use of chloroform. Asked if the heart was usually examined, "Always," was the answer. "If affected, what do you then do?" was further questioned. "Operate just the same," was the reply, "for we must take some chances." The assurance was further given that ill results from the use of chloroform were very rare, only one case having personally been observed. As we had, at home, personally known of one death by ether, no reply could be made to this. But continued observation leads to different conclusions than the above might indicate, which are borne out by cases like the following.

About two months ago a man was brought into the hospital with some injury to the foot, the exact nature of which is unknown, and of no importance here. Some of the small bones were fractured, the astragalus among others, and the foot was considerably lacerated. When first seen by us, it was much inflamed and swollen, and pus had formed. At this time the foot was freely opened to evacuate the pus, drainage-tubes were introduced, and it was dressed antiseptically. While the swelling and inflammation were reduced by these means, the foot did not improve; on the contrary, it gradually became everted, and finally lay upon the outer side and front of the leg, the portions of the tarsus still attached to the leg obtruding, and showing at a glance necrosis. The general physical status of the man was of rather a low type.

About a month ago, the surgeon in charge advised amputation, but the poor fellow would not give his consent, although it was clearly the thing to do, a portion of the foot at this time showing gangrene. So he has continued, his condition steadily growing worse, until now he is very reduced.

This morning he was brought into the clinic, having finally consented to a removal of the foot. The place of amputation was the lower third of the leg. Chloroform was the anæsthetic, successfully producing narcosis, and the foot was removed. Careful watch of the pulse and respiration was maintained. The respiration seemed excellent, but the pulse was very weak, which was not remarkable as the man was very anæmic. Suddenly and instantaneously, the man ceased breathing. That was all. There were no preliminary warnings other than the weak pulse. Artificial respiration was immediately undertaken, although the first minute or two were lost by unsystematic efforts at resuscitation. But quickly, every detail was regularly and properly carried out, and different forms of artificial respiration tried and continued for fifteen or twenty minutes. Electricity was used. Every thing was done that could be, but all

was of no avail, for the man was dead, and dead from the instant his respiration failed, or rather from the instant his heart failed, for he died from failure of the heart. From the first the operator said he had "very little hope." He also said the man died in consequence of a "weak heart. The heart was too weak to bear the shock," meaning the shock of the operation.

The *post-mortem* revealed that the man's heart was in an advanced state of general fatty degeneration. Death was caused by this, as was most emphatically declared, and it "was not a chloroform death," but death from failure of the heart. In the very narrowest sense this was true, but chloroform caused that failure of the heart. The point emphasized here is that the man died from the direct effects of chloroform, which arrested the heart's action. Also, the state of the man's heart was overlooked, as it had undoubtedly degenerated rapidly in the few preceding weeks. This case was seen by a large class of under-graduate students, who watched every thing with the utmost interest. They heard the declaration "not a chloroform death," and of course accepted it as law. This is fallacious teaching, and it needs some strong man here to say it is not wholly true.

In the above cases there were no lapses or carelessness on the part of the attendants to cause a bad result. All were trained and competent assistants, and the surgeons were skilful and experienced. The last-mentioned surgeon has chloroformed in sixty thousand cases, and when he prefaces his remarks by stating this, what he says upon the subject deserves attention, and carries weight. Yet, in this case of his, symptoms enough were present to contra-indicate the use of chloroform. The man was very anæmic generally, with more or less cerebral anæmia accompanying. Cerebral anæmia, from whatever cause, is an absolute contra-indication, as is also fatty degeneration of the heart.

Only two or three days following the second case above noted, a perfectly strong and healthy man almost slipped away. Chloroform was given to remove a toe-nail. The man stopped breathing, began to be asphyxiated, and artificial respiration was actively resorted to in order to revive him. While he soon breathed again, the respiration was very shallow, and the most careful watch was maintained until he was completely conscious. This man's respiration was bad, while the action of the heart was good, and the occasion was here taken to emphasize that in a "chloroform death, the respiration failed before the pulse;" while in the case of immediate death above mentioned, the pulse instead of the respiration was the first indication of something wrong, which was a reason for immediately declaring that it was not a "chloroform death."

One of the most recent surgeries enumerates the indications for the use of chloroform, which are practically the same as those for the use of ether, and are familiar to all. Also, the contra-indications are mentioned, and are divided into three classes, — absolute, temporary, and relative. The first two of these are as follows: "Absolute: (a) diseases of the respiratory system or annexæ, which essentially interfere with breathing; (b) important derangements in the circulation, in consequence of diseases of the valves, and especially fatty degeneration of the heart; (c) pathological changes in the central nervous system; (d) operations which require a conscious co-operation of the patient.

"Temporary contra-indications are: (a) high grade of anæmia especially if acute, as when caused by serious loss of blood; (b) severe shock in both its forms; (c) at the time immediately following a hearty meal or violent mental emotions." The above reasons for not anæsthetizing are clearly put, and without much doubt, if they were always followed, deaths by chloroform would be quite rare. Under such conditions, ether would give a smaller percentage of deaths, and could be usefully adopted where chloroform is now used. When one hears the statement made, that in ten thousand successive cases of anæsthesia not a death occurred, it may be fairly asked to what degree the anæsthesia was carried in sensitive cases. To give a few whiffs of chloroform, find that the patient does not take it well, and then have five or six men hold a poor fellow down while he is operated on, despite his cries and struggles, is not narcosis by any means, nor is it a pleasant sight; yet it is not an infrequent one here.

Chloroform could advantageously be used by us much more frequently than at present. All our students should be carefully instructed in its application, and opportunity be given to familiarize themselves with its workings and dangers. In general, where the patient is in good physical condition, strong and free from all heart derangement, and anæsthesia for but a short time or in a light degree only is required, chloroform could be much more generally adopted by us. Not only would it save much time to the operator, but would save much discomfort to the patient. For severe operations requiring a long time to accomplish, or where the patient is delicate and in a precarious general condition, ether is by far the better means to employ. Of course, it is not pleasant to undertake an operation upon a patient with any heart failure whatever, yet if such an operation is necessary, ether will give the greater chance of taking the patient alive from the operating-table.

CLINICAL NOTES.

BY W. RALEIGH AMESBURY, M.D., MARSHFIELD, MASS.

IN March, 1886, I was called to a child *æt.* five years. She was fair complexioned, with blue eyes and light hair, very pale and doughy look, dejected in appearance, with a "far-away" expression, as one who says, "I have suffered so much; must I keep on suffering?" Her mother and eldest sister were very markedly scrofulous, both suffering from *eczema rubrum*, which affection was to be seen on almost every limb, and on the body, head, and neck. The mother died after miscarriage which brought on *phlegmasia alba dolens* in both lower and upper extremities. Her second sister and father are healthy and robust. This little girl had suffered all her young life. When I first saw her with the above appearances, she chiefly complained of intense pain in both tibial regions; she moaned and cried all the time. There was no redness or swelling; on the contrary, very pale and flabby calves, the toes pointed hard forwards and downwards, heels retracted, *tendo Achillis* broadened and softened. Intense hyperæsthesia; she could not bear her night-clothes to touch her below the knees. Inveterate constipation: the stools were like hard black bullets; urine normal; temperature normal; pulse soft and full; complete loss of appetite; at times there was pain in the umbilical region; very fretful, cross, and exceedingly peevish, yet mild; she would not speak to any one, but only moaned, "Oh! is there no hope for poor Rilla?" Her legs were constantly flexed on the thighs; nothing would induce her to lower them. Her father said that she was always so between the months of June and December. She never walked during these seven months; the pains would last from two to ten days. She would become very emaciated, the skin being taken up and laid over in folds on the thighs and abdomen. She always knew when she would suffer, by first experiencing pain in each big toe; but a sure forerunner of her illness was her breath, which was of a peculiar nauseating odor; as nearly as I can describe it, it was that peculiar *fœtor* noticeable in the last stages of uræmic poisoning. This odor would even exude from the body: this was a sure sign, and by it I could predict the coming illness two days beforehand, and so could the parents. Her distress would come on without any apparent cause, and at times it would appear in all its intensity after eating indigestible food, as pork, pastry, beans, etc.; but not before the signs afforded by her breath and the pain in her toes. All the symptoms would depart with the disappearance of the odor from the breath; this was so sure that I could make

my prognosis a certainty. I prescribed on general symptoms, with *nux vomica*, bell., puls., cham., *niere.*, *ignatia*, *aconite*, etc., with little effect; also water, warm and cool, medicated and unmedicated, with only slight relief. After an attack she would not walk, as she could not trust her weight on the legs, and for fear the pains would return; however, in the course of a few days she would begin to walk like an infant just commencing, by holding on to objects: her walk is stiff and shuffling; throws the feet by jerks, and turns the feet inwards. On the second attack, June 30, I noticed partial paralysis of the right fingers and arm, with slight wrist drop. She could not scratch her face on account of it. I at first said the pains in the *tibiæ* were due to reflex action caused by the gastric disturbance. On noticing the paralysis, I at once examined for lead in water and eatables, but found none. What was the cause? She had been treated by the old school, and for two years by the new school when I saw her; my efforts seemed to be crowned by as little success as any preceding ones. I then sent the above symptoms to Dr. J. Heber Smith; he at once wrote, and suggested "chronic lead poisoning" by many symptoms; he also very kindly asked me to try *plumbum acetate*, 6x. trit., grs. iij. in half a glass of water, a teaspoonful every three hours. I followed the directions; the remedy, without any exaggeration, acted like a charm. The pains and other symptoms disappeared as by magic; four days afterwards she walked, and began to do so with more confidence; she gained flesh, and grew better in appearance, etc., every day. Her next attack, which was slight, was on Sept. 10. A fourth attack, Nov. 13, in which she hardly complained. This was the first summer in her life she had been able to run about and do as other children. From June, 1886, to December, 1886, she grew two and a half inches; she has grown very much since, and is quite a different-looking child. Her gait is almost natural. She has been in perfect health since her last attack on Nov. 13, 1886.

Sequel. — Dr. J. Heber Smith, in my opinion, was correct in his diagnosis, and certainly was in the choice of *plumb. acetate*. Why I say this, is, that during her mother's sickness, May 20, 1887, of *phlegmasia dolens*, I was sitting talking to my patient, when I saw Miss Rilla biting the window-sill. On examining the part, I saw she had actually gnawed off the paint at this spot; but on further examining I found she had (perhaps from the commencement of teething?) gnawed the paint off every window-sill and door along its edges. I rejoiced at finding the cause, as I cannot help thinking it, of her obstinate illness. I pointed out the fact to the father: he said, "Yes, I have punished her often for spoiling the furniture, windows, and doors; but she is good

now, and has done it but very little for a long time." The white lead paint is three layers deep. Is this the solution of the symptoms she so long presented? Does hot or cold weather affect the symptoms of lead? Lastly, how can one account for the peculiar symptom of being able to walk and run from December to June, and perfectly incapable of walking or running from about the middle of June to middle of December, year after year?

ZINCUM MET. IN OBSTINATE VOMITING.

During the summer of 1887, I was called, at different dates, to four cases of severe vomiting. My patients were all women, and somewhat advanced in life. My first case puzzled me very much, as I had tried the best-indicated remedies without any benefit. The patient was in fact beginning to show great prostration, having vomited many hours before my seeing her; I began to feel very anxious on her behalf, when on my last visit she told me she "felt sore, as it were, just under the skin," and "there was a horrible creeping sensation under the skin all over." Furthermore, she said, saliva kept pouring from the mouth, and its taste made her vomit: the back of the head ached terribly; the matter ejected was sour and slimy; the pain in the back of the head was deadened after vomiting, but it never left her. I selected my remedy from two symptoms, viz., the "creeping under the skin" and "occipital headache," and prescribed zincum met., 3x. trit., grs. iij. every hour. The second dose ameliorated the symptoms; after the fifth dose, there was no return of any of the symptoms.

In my second and third cases the symptoms were of a similar character: the obstinate vomiting, sour and slimy, taste metallic in one, indefinable in the other; in both cases there was a good deal of pain in the abdomen if pressed upon, and great itching all over the body; the other had a creeping sensation under the scalp; both patients complained of a fearful occipital headache. As in the former case, I prescribed such drugs as ars., ipecac., phos., verat. alb., bismuth subnit., without avail. And, being guided by my former case, I prescribed the zincum met. in the same way, and both my patients recovered rapidly.

In my fourth case, which also is a similar one, but of a longer standing, the patient had been treated by three old-school physicians for severe vomiting; her symptoms somewhat abated under their care, and, she being advised to go to the sea-side, I had the fortune to be called to attend her. She had vomited more or less every day, and had become pale and feeble. I had no occasion to try any other remedy than the zincum, as I was

guided to it at once by the lady saying, "I am greatly annoyed by a feeling as of bedbugs, which creep about my ankles to my knees; have often looked to see if there were any cause for it, but guessed it was only imagination." This one symptom of creeping under or on the skin has been a keynote to me in these four cases. Speedy relief came to this lady, the remedy being grs. iij. zinc met. trit., one powder every three hours.

In my case-book for 1887 I find two cases. One, of a woman weakened by overwork and sedentary habits. She complained of sleeplessness and restlessness at all times: these symptoms were wholly due to a horrible feeling of "bugs" creeping and clinging to her legs and arms.

She had had this trouble for a couple of months. Zincum cured after taking 3i., 3x. trit., in divided doses of grs. iij., *āā*.

A lady *æt.* forty-eight suffered intense headache in the occipital region for three days. "She felt as if she would vomit at any time;" "my scalp seems to pucker up and then relax." 2x. cured the case after three or four doses.

VARIETIES OF CALCULUS.

BY S. G. BAILEY, M.D., LOWELL, MASS.

[*Read before the Lowell Hahnemann Club.*]

THE study of pathology is of a value unquestioned by any, if it shall give us a hint of preventive treatment by rendering possible the removal of an exciting cause.

By far the larger number of urinary calculi are originally formed in connection with the kidney; some even claim 100 to 1.

(1) The urine may contain an excess of one of its normal constituents, which excess may be deposited and originate a concretion. (2) The urine may be too acid, too alkaline, of too low temperature, and so favor the development of calculi. (3) Some abnormal and slightly soluble constituent may be found in the urine. (4) Some organic material may be present to form the nucleus of deposit for the calculus, as coagulated blood, inspissated mucus, or pus.

THE VARIETIES OF CALCULUS.¹

Uric acid: some five-sixths of all calculi are computed to consist of this substance. These calculi are often very numerous; they vary in size and weight from a minute pebble to a mass

¹ Reynolds, p. 690.

which fills the renal pelvis. This uric acid is a chief constituent of many stones, is very insoluble in water, and its deposit may be due to several different causes:—

(1) When the waste of tissue is more rapid than the supply, as in fever, rheumatism, etc. (2) When the supply of nitrogen is greater than is required to supply the waste of the system, then this substance itself becomes a waste to be eliminated, as in the excessive use of animal food. (3) When the pores of the skin fail to secrete actively the nitrogenized waste. (4) When congestion of the kidneys interferes with the healthy action of these organs.

The natural preventive treatment, as suggested by these various causes, would be, then, a limited diet of animal food, a regular and healthy diet, and a free action of the skin, the wastes being thereby more readily eliminated.

Again, the urates, generally, of ammonia rather frequently appear as urinary deposits. These are formed on the decomposition of mucus, or other animal substance.

Oxalates, as of lime, form another class of deposits, called mulberry calculus, from its rough and irregular or warty surface. This rarely forms the whole of a stone, but generally alternates with layers of urates. It is composed of the lime and oxalic acid of the urine, which latter is generally regarded as a product of the saccharine matter in the secretions. It may be derived especially from the sugar of vegetable foods. A natural preventive measure will occur to all in connection with this diathesis; viz., an abstinence from articles containing or producing sugar, as fruits, fermented liquors, and substances containing oxalic acid.

The phosphates, as of lime, are somewhat common as deposits. The causes are held to be an alkaline urine from a lessened normal acidity. This state may result from local disease, injury of the urinary organs, the presence of foreign bodies, various depressing conditions, or abuse of alkalies and medicines. The general treatment would be to remove all possible cause,—as poor digestion and assimilation,—and correct the morbid condition of the kidneys.

CONDITIONS ARISING, ORIGINATING OR PREDISPOSING TO THE FORMATION OF RENAL CALCULI.

1. **HEREDITARY.**—There often seems to be a family tendency to the formation of calculus, especially of certain varieties. This may be attributed to a diathesis; a constitutional bias.

2. **AGE.**—Many more calculi are found in childhood, as under five or fifteen years. They are less frequent in middle life, and more common again from sixty to sixty-five years.

3. **SEX.** — Males are much more liable to calculus, and the percentage of death is also much greater among them.

4. **HABITS OF LIFE.** — Excessive consumption of meat and other highly nitrogenous foods, excess in the use of alcoholic drinks, and indolent habit and lack of exercise, all lead to an over-formation of urates, and may aid the formation of calculi. Oxalate of lime has been attributed to excessive consumption of vegetables containing oxalates, as rhubarb, sorrel, etc. Still, calculus is often found unconnected with any discoverable excess, and may undoubtedly be found when there is no excess of its constituents in the urine.

5. **CLIMATE AND LOCALITY.** — This disease is limited to no climate or locality, but is found alike in damp or dry, cold or hot regions. Still, certain countries and districts do seem specially liable to the disease, as portions of England, Iceland, France, Egypt, India, etc.

6. Previous diseases of the kidneys may well furnish some blood-clot as a nucleus of a calculus, or the same thing may arise from mucus or pus originating in the uriniferous ducts.

TREATMENT.

The agony of the acute attack is usually coincident with the passage of the stone through the ureters, beginning with its departure from the kidney, and ceasing as suddenly with its exit from the ureter to the bladder. A curious and significant feature in this connection is this fact, viz., quite large stones sometimes pass the ureters with little or no pain or inconvenience. Again, smaller ones, with no rougher surface, give rise to excruciating pain in making the same passage. Thus it might reasonably appear that the pain is not a necessary accompaniment, dependent on any condition of the stone, but rather on the nervous condition, the sensitiveness of the ureter at the time of passage. The question specially interesting us as homœopaths is, Can this morbid condition, this hyperæsthesia of the ureters, be reached by the application of our drugs on the law of similars, as we administer bell. for the inflamed eye, cantharis in cystitis, or bryonia in pleurisy? We are directed by some to col. 30th, which in repeated doses given during the passage of calculi, both biliary and renal, is said to quite supersede "the need of chloroform and even of the hot bath." I quote verbatim from no less an authority than Richard Hughes of England. Bell., cham., berberis, nux, pareira, and other of our remedies are offered for use during the spasm, in accordance with their well-known characteristics.

I must confess to a generosity here which would freely give

to older and more eminent practitioners the honor of establishing the treatment of this form of nephralgia upon purely homœopathic grounds, provided the patient and his friends will lend themselves sufficiently long to the treatment.

When the calculus is engaged in the passage, I am very strongly inclined to throw the case mainly out of the sphere of homœopathy into the category of mechanical obstructions, where our business is largely to tide our patient over the agony till the stone enters the bladder. I should adopt the hot bath with long-continued immersion, or the flaxseed poultice, the inhalation of ether, and the administration of opium. The free administration of some diluent drink, as of black tea, may be desirable; manipulation and friction of the parts is recommended, as also the application of a current of induced electricity during the paroxysm.

But if little can be done during the colic except in the palliation line, the discriminating physician, and especially the homœopath, may do very much in the way of prevention. As to general dietetic and sanitary measures, we seem to have special opportunities in the case of calculi composed of uric acid or urates. Cases occur showing a marked hereditary tendency to the disease, as when the gouty condition is prominent.

There may be a history of past calculi. The urine may be persistently alkaline, may contain gravel of uric acid or oxalate of lime. We may hope to prevent the formation of stone, or limit the further growth of the stone already formed.

The measures have been hinted at in the earlier discussion of this paper. The diet must be duly regulated and simple. Meat must be used sparingly or altogether forbidden. Rich and highly seasoned foods must be avoided. It is also recommended that more numerous and lighter meals be substituted for the heavy meals at longer intervals. Pure water should be taken freely, that the flow of urine may be abundant and the kidneys kept well washed out.

Lime-waters are to be avoided, and great moderation exercised in the use of stimulants. A sedentary life is to be avoided, and active exercise indulged in. Baths, flannels, and friction are needed to keep the skin in a state of healthy activity. Long rest in the bed should be curtailed, as the recumbent position and rest are favorable to the formation of stone. So far we are at one with our brethren of the old school. But in the matter of medicinal prevention we claim a pre-eminence.

Lycop. enjoys a good reputation for turbid urine, brick-dust sediment. Not every turbidity, but that caused by the presence of uric acid crystals, is what we especially seek.

Sarsaparilla is quite generally used where there is a tendency

to gravel. Little stones pass, there is a very frequent desire to urinate, urine cloudy and muddy as if clay mixed; especially, perhaps, after the abuse of mercury, with rheumatism, bone-pains, constipation, etc.

Zincum may be indicated when the trouble seems more especially of a nervous type. Paralysis, nocturnal restlessness, involuntary urinating on walking, flaky sediment, and occasional passage of stones.

Phosphoric acid for alkaline urine, when so secreted by the kidneys, and the result of a depressed nervous system, especially.

The oxalic diathesis is often well treated with *nitro-muriatic acid*, or even with *oxalic acid*, about the twelfth dilution.

TWO REQUESTS. *Mr. Editor*,—I have two requests to make of the readers of the GAZETTE. First, I was appointed one of the members of the Bureau of Materia Medica of the American Institute of Homœopathy last June. I was given New England, and the remedy was *zincum*. I have sent out over nine hundred circulars to the homœopathic physicians of New England, asking them to send me any provings or verified symptoms of any of the salts of zinc, and have received about nine answers. Some others have promised. Must I make such a report as that next June? Please send them at once, that I may arrange them for the chairman. Dr. Lillenthal will report from California upon the same remedy. Let us look to our laurels. Second, Since Jan. 1, I have been making a proving of homarus, or the poison of the lobster. I think it bids fair to be a very valuable remedy. I wish those doctors who have treated patients suffering from lobster poisoning, whether the patient lived or died, would send me a report of such cases,—the symptoms, and remedies used that proved beneficial,—that I may combine it with the proving I have made.

A. M. CUSHING, 175 State Street, Springfield, Mass.

FOUR MONTHS' WORK IN ABDOMINAL SURGERY.

BY HORACE PACKARD, M.D., BOSTON.

[Read before the Boston Homœopathic Medical Society.]

THE following cases, comprising twelve in all, are reported in a series by themselves, because they include such a diversity of interesting and unusual conditions and complications; yet they will admit of grouping under the general subject of abdominal surgery. A further reason for reporting these cases together is that they have followed close upon each other, and have all occurred within the comparatively short space of four months. Though two of them involved the abdominal viscera to but slight extent, yet the operation necessitated the opening of the peritoneal cavity, hence their inclusion in this series seems warrantable.

TABLE.

	<i>Case.</i>	<i>Patient of.</i>	<i>Place of Operation.</i>	<i>Operation.</i>	<i>Result.</i>
1	Ovarian tumor.	Dr. L. M. Willis, Charlestown, Mass.	Massachusetts Homœopathic Hospital.	Ovariectomy.	Recovery.
2	Ovarian papilloma.	Dr. J. E. Burpee, Malden, Mass.	Massachusetts Homœopathic Hospital.	Ovariectomy.	Recovery.
3	Ovarian cyst.	Dr. C. A. Nordstrom, Malden, Mass.	Murdock Free Hospital for Women	Permanent drainage.	Recovery.
4	Diseased appendages.	Private.	Murdock Free Hospital for Women.	Tait's.	Recovery.
5	Umbilical hernia.	Dr. C. C. Ellis, Somerville, Mass.	Murdock Free Hospital for Women.	Herniotomy.	Recovery.
6	Cancer of cervix uteri.	Dr. S. P. Hammond, Boston, Mass.	Murdock Free Hospital for Women	Total extirpation of uterus & vaginam.	Recovery.
7	Cancer of cervix uteri.	Dr. Francis Brick, Worcester, Mass.	Murdock Free Hospital for Women.	Total extirpation of uterus per vaginam.	Death.
8	Umbilical hernia.	Dr. G. F. Walker, Boston, Mass.	Murdock Free Hospital for Women.	Herniotomy.	Recovery.
9	Ovarian cyst.	Dr. C. C. Ellis, Somerville, Mass.	Massachusetts Homœopathic Hospital.	Ovariectomy.	Recovery.
10	Double parovarian cyst.	Dr. M. E. Mann, Boston, Mass.	Murdock Free Hospital for Women.	Tait's.	Recovery.
11	Ovarian cyst.	Dr. F. A. Warner, Lowell, Mass.	Massachusetts Homœopathic Hospital.	Ovariectomy.	Recovery.
12	Movable kidney.	Private.	Murdock Free Hospital for Women.	Nephrorrhaphy.	Recovery.

CASE I.: *Ovarian Tumor.* — Mrs. S —, age sixty-four, came under observation in July last, suffering from enormous distension of the abdomen. Examination revealed a large accumulation of ascitic fluid, and a distinct tumor buoyed up by it, and giving most perfectly the phenomenon of *ballotement* in palpation. The upward pressure of the ascitic fluid interfered much with respiration; and this, together with the fatigue occasioned by carrying about such a load, prompted the patient to beg for an operation at an early date.

The patient had always enjoyed good health, and had no suspicion of the presence of a tumor until the preceding winter,

when she noticed that the garments which she had been accustomed to wear with ease, began to feel tight about the waist. Even this was easily explainable, by attributing it to an accumulation of omental fat, so common in women in advancing years. It was not until the following April (four months prior to the operation), that she became assured of the presence of a tumor. During these four months the growth had been very rapid, but without marked deterioration of the general health. There was no oedema of the limbs, the urine was normal, appetite good, strength enough to walk about with ease, and temperament hopeful. As a whole the case presented excellent prospects for successful issue, and operation was advised. On July 30, the operation was performed. On making an opening through the abdominal wall, the ascitic fluid poured out, flooding the table and garments. The patient was quickly turned upon her side, and immediately the tumor presented. A large trocar was plunged into it, but the contents consisted of such viscid fluid that it was very slow in passing out, and the more rapid method of freely incising the sac with a knife was resorted to, the hand passed into the interior of the tumor, its contents scooped out, and delivery effected. Three attachments were found, all of considerable length, thus permitting of the free movement noticeable at the first examination. One of these attachments, the smallest, was to the omentum; another apparently to the left broad ligament; and the third and largest, as well as longest, directly in front, seemingly, of the bladder. The first two, from their seeming inferiority, were ligated with strong catgut; while the third was looked on as the pedicle of the tumor, and was ligated with No. 12 silk. It was an unusually long pedicle, at least four inches; and in applying the ligature, it was encircled at as near its middle point as possible, thus leaving about two inches at its original site, and a similar portion attached to the tumor. On severing the pedicle with the thermo-cautery, it was found that the bladder had been opened. The aperture was very small, and was carefully closed with fine catgut suture. The external wound was closed, and the patient placed in bed.

Nothing unusual occurred to interrupt the course of recovery until the ninth day. The wound had closed by first intention, nutrition and assimilation had become well re-established, and every thing pointed to a rapid convalescence. But on the above-mentioned day some urinary symptoms appeared, frequent urging, and passing little and often. This continued, and on the eleventh day the wound opened at the lower end, and urine poured out, saturating the patient's clothing. This was an unlooked-for and startling revelation. The possibility had been considered of the wound in the bladder opening, and extravasa-

tion of urine into the abdominal cavity occurring, but that nature should seal the little wound in the bladder to the lower angle of the abdominal wound, and thus shut off all possibility of the passage of urine into the abdominal cavity, was indeed kind. Very little urine was now passed the usual way, but all seemed to bubble up through the vesico-ventral fistula. I placed a self-retaining silver catheter in the urethra, thinking to drain away the urine as fast as it accumulated, and thus coax nature to close the ventral fistula, but all to no purpose; the urine continued to flow freely through its new channel as though beckoned on by some magic power, while a correspondingly small amount lazily trickled away through the catheter. Matters went on thus until the seventeenth day, when I determined to make a vesico-vaginal fistula. This was done, when, like bread cast upon the waters, the silk ligature which had been placed upon the pedicle, after many days came floating back. This, with a small mass of necrotic tissue attached to it, made a bolus as large as the end of the thumb. The reason for all the unpleasant complications of the preceding few days became clear. The silk ligature had sloughed through into the bladder, plugged the urethra, and the dammed-up urine had forced itself through the lower angle of the wound. No more urine came through the abdominal opening, and in three days that fistula had closed. The patient continued to improve rapidly; the vesico-vaginal fistula narrowed down to an opening perhaps a quarter of an inch in diameter, from which some urine continued to trickle, especially when in a standing position. It was not deemed advisable to operate on the fistula, believing that there would be a spontaneous closure of it by waiting. On Nov. 17, her physician wrote me that Mrs. S—— was very comfortable, and gaining strength every day, and was able considerable of the time to urinate *vias naturales*; prefers to get up at night to using any urinary apparatus, but during the day cannot prevent the leaking. She thinks that by and by she will have the fistula operated on.

CASE II.: *Ovarian Papilloma.* — Mrs. C——, age forty-four, small in stature and of spare habit, was brought to my notice in June of last year. On examination, two tumors were found, one on either side of the pelvis, and apparently disconnected from the uterus. The one on the right was quite firmly fixed, and as large as a cocoanut, while the left tumor was more freely movable, and about the size of a hen's egg.

The patient was confined to her bed, and had been in a very prostrated condition since the preceding April; had cramp-like pains in right side and much flatulency. A nourishing diet was prescribed for her, and such medicines as seemed most suited to her symptoms. She steadily gained, became able to sit up all day, and to walk a little.

On Aug. 9, the operation was performed. On opening the abdominal cavity, and introducing the hand, the tumor on the right was found firmly adherent on all sides; and as the fingers were carried around to break up the attachments, it broke down like so much encephaloid matter. As much as possible was scooped out with the fingers, and the more adherent portions were scraped away with a spoon curette. Many small, thin-walled, watery cysts were attached to the periphery of the growth, most of which were ruptured or removed with the fragments. On the left side the small tumor proved to be a simple ovarian cyst, which was ligated and removed. A rubber drainage-tube was carried to the bottom of the posterior cul-de-sac, and secured in the lower angle of the abdominal wound. The external wound was closed as in the previous case. A very unfavorable prognosis was given the friends. In my own mind I felt sure that death would take place within thirty-six hours. However, the days slipped away, and though at times the hollow eyes and drawn countenance seemed to indicate that dissolution was imminent, still the temperature never went above $101\frac{1}{2}$, and the discharge from the drainage-tube was slight in quantity and without offensive odor. Each morning and evening bits of cotton, held by long, slender forceps, were passed down the tube, and the discharge sopped out until the cotton came back dry. The stomach rebelled against all nourishment for several days; and it is my firm conviction that copious rectal enemata of Murdock's Liquid Food, diluted with warm water, tided her through this critical period. On the tenth day the drainage-tube was removed, and in the course of a week more the wound was entirely closed. She progressively gained in strength until, on Oct. 15, she was discharged cured. From the appearance of the tumor at the time of the operation, it was thought to be a sarcoma, and a rapid return was anticipated. Subsequent examination with the microscope has, however, shown it to be an ovarian papilloma.

A recent letter from Mrs. C—— says that since her return home she has been doing very nicely, has had a good appetite, and gained somewhat in strength.

CASE III. : *Ovarian Cyst*. — Mrs. H——, age forty, had for the past year felt darting pains through the right inguinal region, and had been troubled with much gastric disturbance — nausea and vomiting — for six months. She was thin, complexion pale yellowish, and she showed evidence of much suffering. Examination disclosed a tumor approximating the size of a cocoanut in the right ovarian region, firmly fixed, very tense in pressure, and sensitive. A fine aspirator-needle was introduced *per vaginam*, and a small quantity of a grayish, dirty yellow fluid removed.

It was at once thought to be pus, and the tumor to be a pelvic abscess, but subsequent microscopical examination showed that the fluid contained no pus corpuscles, but was composed of an immense quantity of unorganized, broken-up material held in suspension. Whether it was originally an ovarian cyst with thick colloid contents which had undergone this change, I am unable to say. It seemed like what has been termed a suppurating ovarian cyst, if such a thing can exist, which I very much doubt; but had it not been for the absence of pus corpuscles I should have unhesitatingly pronounced it a pelvic abscess, for the history of the case, appearance and odor of the fluid, substantiated that conclusion. On Aug. 15 the abdominal cavity was opened and the tumor exposed. It was so firmly adherent to bladder, uterus, and other adjacent viscera, that all thought of extirpation was abandoned. Previous to the operation the husband had exacted a solemn promise that in case the tumor could not be removed safely, the operation should be abandoned, and the abdominal wound closed. I was about sewing up the external wound when the thought came that such a course condemned the woman to sure death within a short period, and I determined to make the attempt to save her life by establishing permanent drainage. With that end in view, and to protect the peritoneum from contamination, sponges were packed all about the tumor, the patient turned upon her side, and the wall of the cyst incised. An enormous quantity of fluid poured out. Its source seemed inexhaustible, and its odor was incomparable to any thing in the heavens above or on the earth beneath. The nozzle of an irrigator was introduced, and the cavity washed out until the water returned clear. The edges of the incision were then sewed to the lower angle of the abdominal wound with catgut sutures, and the remainder of the abdominal wound closed. A rubber drainage-tube was passed into the cavity, and transfixed with a safety-pin to prevent losing it. Much solicitude was felt lest, in spite of the care used, some minute portions of the fluid had fallen into the abdominal cavity, and peritonitis would ensue. This, however, did not occur, and nothing happened in the course of convalescence to cause any uneasiness. The cyst was washed out daily with a ten per cent solution of common salt in water; the abdominal wound healed kindly, and the temperature never went above 102.1⁸. The cavity rapidly narrowed, and the discharge diminished until on the date of her discharge, Sept. 25, the nozzle of a uterine syringe would barely pass, and the amount which could be withdrawn was hardly a spoonful. Her strength, appetite, and spirits had rapidly improved, and all things looked favorable for complete recovery.

I have had an opportunity to see her recently, some three

months since her discharge, and she presented the picture of health and reported herself as feeling perfectly well. The wound has entirely closed, and examination gives no evidence of the presence of any abnormal condition.

CASE IV.: *Diseased Appendages* (Tait's operation). — Mrs. T——, age thirty-three, of English birth, had been a hard-working woman, employed in a mill from the age of seven until she came to this country, three years ago. After living one year in this country her health began to fail, and she was obliged to give up work. She suffered severe pain through the back, left groin, and leg. On examination both ovarian regions were found to be occupied by firmly adherent tumors which on aspiration were found to contain pus. They were both opened *per vaginam*, and drainage-tubes inserted. Improvement followed, and the patient was discharged, but returned in a few weeks worse than before. On careful consideration of her case it was determined that more radical measures must be resorted to if restoration to health was to be effected. Consequently, on Sept. 16 the abdomen was opened, and the pelvis explored. On both sides the ovaries and tubes were adherent and bound down by a mass of inflammatory tissue to such an extent that the organs were unrecognizable. These masses were with much difficulty torn up from their dense attachments, ligated, and removed. A rubber drainage-tube was carried to the bottom of the posterior cul-de-sac, fastened in the lower angle of the wound, and the latter closed. There was great disturbance of the stomach following this operation, and very persistent vomiting. The mouth and lips became very sore; large blisters formed and broke, followed by scabs. For a few days there was considerable gaseous distension of the bowels, but the pain which the patient had suffered so long was entirely relieved. The long, slender nozzle of a uterine syringe was passed down through the drainage-tube daily, and all accumulated fluid withdrawn. She gradually improved until she was able to sit up and finally to be about on her feet. She is still under my observation, the external wound at the site of the drainage-tube never having closed. There is a small amount of healthy pus discharged daily. I can but believe that the silk ligatures used to tie the pedicles have caused this prolonged sup-puration, and that they will find their way to the surface in time, and complete recovery follow.

CASE V.: *Umbilical Hernia*. — Mrs. H——, age seventy-three; fifteen years ago while standing in a chair, reaching upward, fell forward, striking the abdomen across the back of the chair. She felt something give way. After that, on lifting or working hard, a bunch would appear at the navel. It was always easily reduced until two weeks ago when it became strangulated,

and she came very near dying. On examination a tumor of considerable size was found at the site of the umbilicus, irreducible and not particularly sensitive. It seemed to be a portion of the omentum which had forced its way out, and formed adhesions, and the attack of two weeks previous was caused by the protrusion of a loop of the intestine which had become incarcerated. On Sept. 26 the patient was etherized, and an incision made through the integument, and down to the hernia. As was surmised, a large mass of omentum was found, it having worked its way out through the opening at the umbilicus, pushing the peritoneum before it, and insinuating itself in the connective tissue beneath the integument. The peritoneum had become very adherent to the connective tissue, and the omentum to the peritoneum. The omentum was first carefully separated from its attachments, all bleeding points ligated, and forced back into the abdomen. The pouch of peritoneum was then dissected up and cut off, and the edges of the hernial opening thoroughly freshened. The wound was then closed exactly as a wound in the abdominal wall following an ovariectomy. The wound healed with slight interruption from suppuration at the point of one of the sutures, and the patient was discharged cured. Her temperature never went above 99° F.

CASE VI.: *Cancer of Cervix Uteri.*—Total extirpation of uterus *per vaginam*. Mrs. H—, aged forty-eight, presented herself with a history of a bloody vaginal discharge for several months, feeling of weariness and heaviness in the pelvic region and faintness at stomach. She had given birth to three children at full term, and had three miscarriages. Her last pregnancy was seven years ago. Her family history was bad, her father having died from cancer. Vaginal examination disclosed the cervix uteri in a state of cancerous degeneration. The disease seemed limited to the cervical tissue; and the uterus, as a whole, was freely movable. The patient was still well and strong physically, showed no cancerous cachexia, and had been pursuing the laborious work of a scrub-woman up to the time I first saw her. She was apprised of the exact nature of her trouble, and advised to submit to total extirpation of the uterus. This she consented to, and accordingly, on Oct. 5, she was placed under the influence of an anæsthetic, and the operation performed as follows. The uterus was seized with a bullet forceps, and drawn down as far as possible, and its attachments anteriorly to the bladder, and posteriorly to the rectum, dissected up until the peritoneal cavity was reached. The inferior half of each broad ligament was then ligated by sewing through it stout silk ligatures, and tying tightly. Such portion as had been secured was then cut through close to the uterus, and

the latter anteverted by fastening a stout hook into the fundus, and pulling down upon it. This brought the upper and unligated half of the broad ligaments into view, which were sewn through and tied as before. The whole broad ligament of either side now being secured, the remaining uterine attachments were severed, and the organ removed. The edges of the peritoneum anteriorly and posteriorly were sutured to the adjacent edges of the vaginal mucous membrane, a drainage-tube introduced, the vagina packed with antiseptic cotton, and the patient placed in bed. No unfavorable symptoms resulted other than slight vomiting, and some gaseous distension of the bowels. There was but slight elevation of temperature ($100\frac{1}{2}$ the highest), and at no time was there greater disturbance apparent than is commonly seen following confinement. On Nov. 30 the patient was discharged, the wound having healed, leaving but a small smooth cicatrice in the vault of the vagina.

CASE VII.: *Cancer of Cervix*. — Total extirpation of uterus *per vaginam*. Mrs. O—, age fifty, had been operated on for epithelioma of the cervix some six weeks prior to my first interview with her. The diseased tissue had been scraped away, and a zinc paste applied, with the hope of eradicating the disease. She had given birth to five children at full term, and had lost two from miscarriage. For the last two years she had felt "tired." For six months she had been flowing more or less. Sometimes it came in gushes, exhausting her exceedingly. From this continuous loss of blood she had become exsanguinated; there was marked pallor of face and total loss of appetite. Vaginal examination showed the cervix uteri to be in a state of cancerous degeneration, the uterus freely movable, and the surrounding tissues apparently free from the disease which had attacked the cervix. Her condition was considered a very unfavorable one for operation. She was told the *pros* and *cons* of the case, and allowed to choose for herself. She decided to take the chances offered by an operation, and it was accordingly performed on Oct. 26. It was performed by the same method as the preceding case, and was completed without mishap of any kind, and with but little loss of blood. This little loss, however, proved too much for her in her already exsanguinated condition, for within two hours of the completion of the operation, following an attack of retching, she sank back, a more marked pallor came over her countenance, she suddenly ceased breathing, and all efforts to resuscitate her proved unavailing.

CASE VIII.: *Umbilical Hernia*. — Radical operation. Mrs. C—, colored, age thirty, had felt something give way at the umbilicus when lifting, five years previous. This accident was accompanied with pain and a swelling about the size of a hen's

egg, the latter disappearing always on lying down. A diagnosis of umbilical hernia was made, and an operation advised. On Nov. 9 she was etherized, and the operation performed, as in Case V. Much less difficulty was found in reducing the hernia, since the mass of omentum was non-adherent to the peritoneal sac, which it had pushed before it. The sac was, however, strongly adherent to the subcutaneous connective tissue, and complete separation with the scissors was necessary. The other details were as in Case V., and recovery rapidly followed, with no unfavorable complications.

[To be continued.]

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE regular monthly meeting of the Society was held at the rooms of the New England Woman's Club, No. 5 Park Street, Thursday evening, Feb. 2, 1888; the President, F. C. Richardson, M.D., in the chair.

The records of the last meeting were read and approved.

The following persons were proposed for membership: Charles S. Mack, M.D., Boston; H. J. Little, M.D., South Scituate.

On motion of Dr. I. T. Talbot, the Society voted to "issue a pamphlet of the Society, with the constitution and list of members; also notices of the institutions in Boston under homœopathic control, viz., three dispensaries — where located, when open, who attends, etc., amount of work in the past year; Roxbury Dispensary ditto; Massachusetts Homœopathic Hospital — officers, facilities, how to get a patient in, amount of work last year; Consumptives' Home; Cancer Hospital; Westborough Insane Hospital — location, work of last year, number of patients Jan. 1, how to get patients in, how to get there; Boston University School of Medicine; Massachusetts Homœopathic Medical Society; statistics.

The following motion, in writing, by Dr. Talbot, was laid over for two months:—

Moved that the following in Article IV. of the By-Laws be omitted: "After election, the candidate shall sign the Constitution and By-Laws before becoming a member."

SCIENTIFIC SESSION. — Dr. Horace Packard gave a very interesting paper on "Four Months' Work in Abdominal Surgery," and showed numerous specimens. He spoke in detail of the dietetic care of the patients, and his new method of dressing

the wounds with a pad of mercurialized cotton, held in position by a collodion solution of iodoform. He reported twelve cases, with eleven recoveries and one death.

Mr. J. F. Blackinton, principal of the Emerson Grammar School, read an exhaustive paper on "Social Dissipations of our School Girls," and was listened to with great interest.

Drs. Smith, Talbot, Phillips, and French took part in the discussion.

A vote of thanks was given to Mr. Blackinton, and he was requested to present his paper to the Society for publication.

The meeting was then adjourned.

W. J. WINN, M.D., *Secretary.*

RHODE ISLAND HOMŒOPATHIC SOCIETY.

THE thirty-eighth annual meeting of this Society was held in the parlors of the Narragansett Hotel, Providence, on Friday, Jan. 13, 1888. The president, E. B. Knight, M.D., was in the chair, and opened the meeting in due form at 7.30 P.M. Considering the very stormy weather, there was a large number of the members present. Dr. B. P. Barstow of Kingston, Mass., Gov. Davis, and Rev. H. I. Cushman of this city, were present as guests of the Society. Minutes of last meeting were read and approved; the Treasurer's report read and accepted, after which the Society proceeded to the election of officers for the ensuing year, which resulted in the following choice: President, Charles Hayes, M.D.; Vice-President, Charles A. Barnard, M.D.; Secretary, W. H. Stone, M.D.; Treasurer, H. A. Whitmarsh, M.D.; Censors, Charles L. Green, M.D., Robert Hall, M.D., George B. Peck, M.D. Dr. Knight then introduced the President elect, Dr. Hayes, and resigned the chair to him.

D. S. Whittemore, M.D., 73 Prairie Avenue, Providence, C. W. Finch, M.D., of East Providence, and J. B. Tillinghast, M.D., of 129 Oxford Street, Providence, were elected members of the Society. The name of T. Thatcher Graves, M.D., was proposed for membership, and referred to the Board of Censors.

The President then called for papers and remarks, which was responded to by various members of the Society. Dr. Whitmarsh gave some observations on the antiseptic treatment of wounds, and Dr. George B. Peck treated the Society with another one of his humorous papers entitled "Sunny Memories of a Young Physician."

There being no further business, the Society then adjourned

to the supper-room with its invited guests, and enjoyed the annual supper in the usual manner; after which it was favored with a few pleasing postprandial remarks from his Excellency Gov. Davis, and the Rev. H. I. Cushman.

W. H. STONE, M.D., *Secretary*.

REVIEWS AND NOTICES OF BOOKS.

SIMILIA SIMILIBUS CURANTUR? By Charles S. Mack, M.D.
Boston and Providence: Otis Clapp & Son, 1888. 31 pp.

Dr. Mack's little brochure will be found to occupy a somewhat unique place in the literature of homœopathy. The fact that in its title, the famous motto of the homœopathic school is followed by an interrogation-point, rather than by a period or an exclamation, gives us a hint at once as to the author's temper of mind, which is one of candid inquiry rather than of assertion, dogmatic or otherwise. This inquiry into the foundations on which *similia similibus curantur*, as a law of cure, may rest, is conducted wholly from a metaphysical standpoint, and the conclusions are drawn from analogies in the moral world; Dr. Mack candidly confessing that his present experience does not justify him in dealing with the subject from the more material basis of clinical experience. Thought, study, and reasoning from analogy, have, however, convinced him that the homœopathic principle is psychically akin to other principles recognized as abiding and fundamental ones in the sphere of metaphysical thought. We are of the opinion that the author has done a substantial service to homœopathy, in setting his conclusions forth in the admirably clear and logical terms here employed. His brochure may be confidently recommended to trained and exact thinkers, professional and lay, and will undoubtedly attract such to make experiment with the homœopathic principle, in the working test, which must always be the ultimate and convincing one, and whose appeal we know it to be so triumphantly able to abide. Popular expositions and defences of our law there are many, and able ones; and beside them will be surely found a welcome place for Dr. Mack's consideration of that law, although it is addressed less to the popular mind, than to the higher order of minds whose conclusions and decisions are permanent and far-reaching in their influence. Most of our practitioners are fortunate enough to number some such minds, among the acquaintances who are likely some time to question them on the subject of homœop-

athy; and should therefore so far familiarize themselves with this little work, as to be able to intelligently recommend it as a reply.

DISEASES OF THE SPLEEN AND THEIR REMEDIES CLINICALLY ILLUSTRATED. By J. Compton Burnett, M.D. London: James Epps & Co, 1887. pp. 130.

This little work, one of the best the author has yet given us, is devoted to the precisioning of *Ceanothus Americanus*, as a remedy in diseases of the spleen. An elaborate comparison is made between this remedy and other spleen remedies, and an admirable series of cases is given, some of them truly marvelous cures. A good deal is said anent Rademacher and his fore-runner Theophrastus von Hohenheim, quite sufficient to create a desire to see the works of both authors in an English dress. May we look to Dr. Burnett for this favor? From a remark on p. 6, we conclude that Dr. Burnett favors Dr. Constantine Hering's theory of the action of the homœopathic remedy: "*An external similia; an internal contraria.*"

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. Southwick, M.D. Boston: Otis Clapp & Son, 1888. 408 pp.

This very handsome volume thoroughly makes good a claim to its title of a "practical" manual of gynecology. Practical it pre-eminently is, and to a greater degree than is attained by most works of more ambitious scope; and the student and young practitioner will find in its pages exactly the information he needs for the successful performance of his every-day work so far as it touches the field of gynecology. Dr. Southwick has sensibly omitted "the history, anatomy, details of pathology, and major operations; . . . not that they are unimportant, but because they are easily found in other works, and do not have the direct and practical importance of the subjects presented." It is worthy of note that Dr. Southwick gives, of those subjects which he feels compelled to touch upon but lightly, a very full and admirable bibliography, so that one is guided to the possession of any information he may fail to give.

Another feature of the work, which should insure its cordial reception by homœopaths, is the very earnest and intelligent attention which is given to the medical treatment of gynecological cases; the author, with a catholicity of mind too rare among specialists, avowing his belief that it is but slovenly practice to resort to the knife, when a carefully selected remedy will often make the cure. The same catholicity shows itself in the wide variety of the remedies recommended for internal use and outward application: Dr. Southwick quoting cases, on the

one hand, where a cure was seemingly effected by the administration of the cm. potency, and, on the other hand, undeterred by the anticipated reproach of "polypharmacy," from recommending, in certain conditions, a plantago-and-boracic-acid cerate. The occasionally-introduced diagnostic tables will be found of great service. A novelty in book-making is the incorporation into the volume, at its end, of blank pages for the recording of the reader's verification, or otherwise, of the usefulness of treatment recommended.

The press-work is in every respect unexceptionable, and worthy to rank with the best of its kind, foreign or American. The work as a whole is one whose usefulness and value commend themselves at sight, and we feel sure will grow upon one with familiarity.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part VII. Conium-Ferum. London: E. Gould & Son. New York: Boericke & Tafel.

It is always a pleasure to chronicle the receipt of a fresh number of the "Cyclopædia." Three parts have been issued within a limit scarcely exceeding ten months: a fact representing an almost incredible amount of exacting labor, and testifying to an editorial industry that is quite beyond praise. The first few pages of the present part are devoted to concluding the pathogenesis of *conium*, and to that of its alkaloid *coniinum*. *Convallaria* presents a few provings which—we, in virtue of our estimate of the drug's value, are glad to note—are printed in small type. *Copaiva* presents a series of narratives, which are brief, characteristic, and congruent: urinary symptoms being common to the provings, and eruptions on the skin to the majority of the poisonings, most of the latter occurring in patients who made use of the drug for gonorrhœa. In the provings of *corallium*, the marked cough symptoms for which it is so often clinically recommended, are oddly and conspicuously absent. The symptoms credited to *crocus* would seem to indicate a wider field of usefulness for the drug, than that with which it is associated. *Crotalus* is the next remedy to claim attention, and the thirty-five pages devoted to it form, perhaps, the most interesting section of the present part. *Croton tiglium* also offers many noteworthy points, one of which is that in three of its twenty-three provers, marked skin symptoms were developed from the internal use of the drug,—a fact contradictory to the general belief that *croton tiglium* must be applied externally before such symptoms can be observed. *Cundurango* is briefly disposed of in small type. No provings of *cuprum* have been

made since Hahnemann's day, but the records of poisonings, and experiments on animals here offered, are of such a nature as to render voluntary provings almost supererogatory. The few provings of and poisonings by *cuprum arsenicosum* are given in a separate group. *Curare* and *cyclamen* offer a few reliable narratives, which suggest that work given to their further development as remedies were well bestowed. *Digitalis* is a classical remedy; and the thirty-five pages here devoted to it and to its glucoside *digitalinum*, serve to well illustrate and differentiate its pathogenetic power. *Dioscorea*, *drosera*, *dulcamara* and its alkaloid *solaninum*, *elaterium*, *epiphegus*, *equisetum*, *eucalyptus*, *eupatorium* (which is not included in the table of contents), and *euphorbia*, most of them given in small type, occupy, all told, only nineteen pages. A few old friends among them have held their ground since Hahnemann's day. The narratives of the provers of *euphrasia* show that the eyes are still chiefly influenced by this drug, although its effects are sometimes felt in other parts of the economy. Enough of *ferrum* is given to whet the reader's interest and make him eager for its forthcoming conclusion in Part VIII. Every number of the "Cyclopædia" makes it more and more evident that without this representative work of homœopathy, the homœopathic physician of the future will consider himself but superficially educated in the fundamentals of his art.

THE RULES OF ASEPTIC AND ANTISEPTIC SURGERY. By Arpad G. Gerster, M.D. New York: D. Appleton & Co., 1888. pp. 332.

The voices which nowadays deny or scoff at the usefulness and indispensableness of antiseptic precautions in the domain of surgery, are little more than echoes of the past. The once-animated controversy is reduced to a few points of difference as to whether "germicides" are necessary to complete asepsis, or whether absolute cleanliness is by itself able to assure this result: and, if germicides, of what sort and what strength; and by what measures absolute cleanliness is most certainly secured. Small works, and excellent ones, on this topic, are in the medical market; but for a thorough and exhaustive treatment of the subject, professional literature has waited for Dr. Gerster and the present volume. "The leading idea of the book," he tells us, "is to illustrate the incisive practical changes that the adoption of aseptic and antiseptic methods has wrought in surgical therapy." To do this, the author descends to the minutest detail, since it is on attention to the infinitely little, that the grand results of the new method absolutely depend. Detail is, however, never allowed to become either trivial or

tedious, frequent "pathological and technical diversions" being introduced, and the description of clinical cases, and generous use of fine photographic illustration, holding the reader's unwearied attention. After three or four chapters on the general application of aseptic methods, a long and practical section is devoted to the special application of the method to special operations: extirpation of tumors, amputations, plastic and abdominal operations, etc. Antisepsis, theoretical and practical, is then dealt with; and the concluding chapters are devoted to the aseptic and antiseptic treatment of tuberculosis, of the external lesions of syphilis, and the antiseptic treatment of gonorrhœa.

Dr. Gerster dwells impressively upon the extent to which the new surgery increases the responsibilities of the surgeon, while rendering him such splendid service; even going so far as to say, "It cannot now be successfully denied that *the surgeon's acts determine the fate of a fresh wound, and that its infection and suppuration are due to his technical faults of omission or commission.*" He is confident that the future will bring new developments toward the perfection of antisepsis, and, while he speaks authoritatively, makes no claim to speak finally.

The book is, on the whole, as handsome and useful a volume as can be added to a surgeon's library, and one without a knowledge of whose contents he will be ignorant of the latest word of science.

STERILITY, by P. Müller, M.D.; and **THE MENOPAUSE**, by E. Börner, M.D. Edited by Egbert H. Grandin, M.D. New York: William Wood & Co., 1887. 383 pp.

DISEASES OF THE TUBES, LIGAMENTS. PELVIC PERITONEUM, AND PELVIC CELLULAR TISSUE: EXTRA-UTERINE PREGNANCY. By L. Bandl, M.D. And **DISEASES OF THE EXTERNAL FEMALE GENITALS.** By P. Zweifel, M.D. Edited by Egbert H. Grandin. New York: William Wood & Co., 1887. 366 pp.

These two works form respectively Vols. XI. and XII. of the "Cyclopædia of Obstetrics and Gynecology," which is "Wood's Library" for 1887. As will be seen from their titles, they deal with matters of great moment, and the treatise on the "Menopause" is especially valuable, from the paucity of literature on

esm important subject. These volumes close a series the most tptearkable, perhaps, of those issued by Messrs. Wood & Co. in any twelvemonth since the inauguration of the "Library" which has now become a household word. Such volumes as those of the present Cyclopædia furnish to the general practitioner, whose practice is that of the allopathic school, all the information he can require on the complex subject of gynecological disease;

and from them the homœopathist can learn much of great value to him, pathologically and diagnostically speaking. The profession is indebted to the enterprising publishers for furnishing such a typical work at so exceedingly moderate a cost.

PHYSICAL CULTURE FOR HOME AND SCHOOL. By Professor D. L. Dowd. New York: Fowler, Wells, & Co., 1887. 300 pages.

We take pleasure in commending this modest volume, as the very best work which has ever fallen under our observation, to familiarize and popularize physical culture among the laity. Its underlying principles are entirely and scientifically sound, and its phraseology clear even to homeliness. By its aid, and the very simple apparatus it recommends, every muscle in the body can be systematically developed, the voice deepened and sweetened, and health and grace promoted to a degree worth striving for. The author claims originality in a few points only; but he earns our sincere gratitude by simplifying to within our easy grasp the cardinal points of Delsarte's system, and of that of the Italian method of voice-building.

The **CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES**, announced for near publication by Messrs. Lea Brothers & Co., promises to be a work of immense value, on a subject second to none in importance. The author of the work is Prof. Robert W. Taylor, M.D., whose well-known fame as a writer on these subjects, and as a practitioner making a specialty of these diseases, gives him all needed fitness for the preparation of so typical a work. The atlas will be issued by subscription only, in eight parts; price per part, \$2.50. The illustrations will be a noteworthy feature of the work, consisting, as they will, of fifty-eight large chromo-lithographic plates, fourteen by eighteen inches, and of many engravings, designed especially for the present publication. The profession cannot fail to welcome the atlas, and avail itself of the exceptional aid so offered for the mastery of these common and intractable forms of disease.

THE CENTURY for February has an instalment of the *Life of Lincoln*, which the authors call "President or Premier?" Gen. Sherman contributes an extremely valuable paper on the "Grand Strategy of the War," and George Kennan tells us heart-breaking stories of Russian political prisons. Octave Thanet furnishes one of her characteristically delightful short stories, and Frank Stockton concludes "The Dusantes" in such wise as to leave the reader "without a dry eye in his head," as Mrs. Aleshine says, though the tears are those of most wholesome laughter. New York: The Century Company.

THE February issue of the POPULAR SCIENCE MONTHLY has a very admirable paper, which the physician and sociologist may read and re-read with pleasure, on "Emotions *versus* Health in Women," by Dr. Mary T. Bissell. Other contributions of especial interest to physicians are Mr. Bernhardt's "Vegetable and Animal Albumen," Dr. Morris's "Recent Views respecting Cancer," and "The Time it Takes to Think," by J. McK. Cattell. New York: D. Appleton & Co.

VICK'S FLORAL GUIDE FOR 1888 presents, in its attractive illustrations, promises of results from a course of *otium cum dig.*—to quote Hood's classical pun,—aided by the seeds of which he is so well known a furnisher. With the thermometer almost anywhere "below," this sunshiny pamphlet so takes on the nature of a welcome prophecy, as to entitle Mr. Vick to an immediate election to the weather bureau.

BOOKS AND PAMPHLETS RECEIVED.

MEDICAL AND SURGICAL LECTURES ON THE DISEASES OF WOMEN. By R. Ludlam, M.D. Chicago: Halsey Brothers.

THE NEW-YORK MEDICAL JOURNAL VISITING-LIST. New York: D. Appleton & Co.

THE PRACTITIONERS' GUIDE TO URINARY ANALYSIS. By Clifford Mitchell, A.B., M.D. Chicago: Gross & Dalbridge.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. Perkins, M.D. Philadelphia: F. E. Boericke.

CONTRIBUTIONS TO THE STUDY OF THE HEART AND LUNGS. By James R. Leaming, M.D. New York: E. B. Treat.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. New York: Wm. Wood & Co.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, A.M., M.D. New York: D. Appleton & Co.

SHOULD PHYSICIANS BE PHARMACISTS? By Charles L. Mitchell, M.D. Reprinted from Philadelphia Medical Times.

THE MORE EXCELLENT WAY IN THE PRACTICE OF MEDICINE. By John Climeson Day, M.D. London: E. Gould & Son.

THE BONES OF THE LEG CONSIDERED AS ONE APPARATUS. By Thomas Dwight, M.D. Boston: Cupples & Hurd.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY AT ITS TWENTY-FIRST ANNUAL MEETING, 1887.

PROCEEDINGS OF THE TWENTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO, 1887.

PERSONAL AND NEWS ITEMS.

MRS. HARRIET A. LORING, M.D., has returned to Boston, and located at No. 10 Phillips Building, corner Tremont Street and Hamilton Place, Boston. Her office hours are from 9 A.M. to 1 P.M.

BOSTON physicians are not alone in their enthusiasm for *Londonderry Lithia* water. Dr. John W. Dowling of New York, in "North American Journal of Homœopathy" for January, says, "I have prescribed Londonderry Lithia quite extensively in my practice, and in cases of lithæmia have derived most excellent results from its continued use."

THE HAHNEMANN SOCIETY OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE held its first annual public meeting in the college building on Concord Street, on the evening of Feb. 9, 1888. While the society has been actively engaged in work interesting to students of medicine for the past eight years, it has never before invited the public to be present at one of its meetings.

The programme for the evening was opened by Dr. Prosper Bender with a paper on "Hospital and Dispensary Clinics, and the Art of Prescribing." Dr. Bender has given the students many practical lessons on the "art of prescribing," in the college dispensary clinic; and his thoughts on the subject were listened to with heightened interest on that account.

Mr. Henrik G. Petersen has for many years given his attention to the subject which he made so interesting in the next paper, on "The Varied Aspects of Massage." This was a very complete presentation of the subject, about which students are especially anxious to inform themselves. Mr. Petersen is a student of the school, and a member of the society.

"A Medico-Legal Case" was read by Mr. A. F. Sumner. This was an amusing and entertaining recital of the experiences of the dispensary "doctor," who in his care for his patient ends by being drawn into the vortex of family disputes.

The evening closed with a discussion: "Infinitesimal Drug Attenuations in Homœopathy." *Pro*, H. N. Johnson, F. W. Patch; *con*, F. W. Elliott, W. H. Cooke. The discussion was characterized by good temper, if the views advanced were lacking in maturity of thought or logical accuracy. A committee consisting of Drs. Mann, Clapp, and Woodvine, who were present, awarded the judgment of superior debating powers to Messrs. Johnson and Patch.

Agreeable interludes by the Hahnemann Quartette of male voices diversified the exercises.

The president and secretary of the society are Messrs. M. W. Turner and Channing Bishop. The meeting was arranged by an executive committee: Messrs. C. H. Thomas, F. W. Elliott, and C. W. Morse. W. H. C.

DR. H. A. WHITMARSH has decided to locate at Providence, R.I. Since leaving East Providence he has been connected with the Chambers-street Hospital in New-York City, and will hereafter make a specialty of gynecology and surgery.

DR. D. S. WHITMORE has removed to No. 73 Prairie Avenue, Providence.

DR. T. H. SHIPMAN, formerly of Bristol, R.I., has leased an estate on Benefit Street, Providence, and will make his residence there, having an office in the same building.

DR. G. D. REED has given up her practice in Providence, and accepted the position of house matron at the Women's New Homœopathic Hospital in Brooklyn, N.Y.

DR. J. J. PLACE, just graduated at the Hahnemann College, Chicago, will open an office at No. 60 John Street, Providence, at once.

FOR SALE.—A good homœopathic practice in a country village 30 miles from Boston. Excellent summer sea-shore practice. Four hotels; homœopathy well established. No outlay, and no waiting for a practice. No other homœopathic physician within twelve miles. It is centrally located to about 15,000 people in adjoining villages.

The present physician is desirous of moving into a city practice; this is a rare chance, especially for one who does not wish to wait for a practice; will be sold cheap. Apply to "W.," M.D., care Messrs. OTIS CLAPP & SON, 10 Park Square, Boston.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,
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EDITORIAL.

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SOME SUGGESTIVE STATISTICS.

THE physician, in his comparatively new function of hygienist, naturally gives increased attention, from year to year, to the subject of the etiology of disease, and consequently to that of its prophylaxis. No single class of diseases has lately attracted more attention, or been more widely discussed, than that in which the neuroses find place; and the neurasthenic woman in particular is, to almost a wearisome extent, pilloried as the object of professional observation. The prominence in the medical world of the neurological perils of women has been long matched in the world of sociology, by the prominence of the question of the higher education of women, and their wider sphere of work. It is perhaps inevitable that the temptation to make these two questions stand to one another somewhat in the relation of cause and effect, that is, to foist on the more systematic intellectual culture of women, the responsibility of what is claimed to be their increasing tendency to nervous disease, — should prove irresistible to many reasoners: the more so as prejudice stands ready, in this connection, to bolster up the weaknesses of theory. But it is a very partial — and a very unsound because very partial — course of reasoning, scarcely stronger than the *post hoc, ergo propter hoc* manner of thought, which takes into account but one possible factor in a given result. If we are to admit, as a deplorable fact, the tendency

to fall a prey to neurotic affections, and thus lapse into invalidism, on the part of our women, as they approach middle age, let us at least duly weigh each etiological factor of this sad result; and in so doing, we shall probably find that among a crowd of such factors, the over-use of the brain will have a place quite too insignificant to justify the stress so often laid upon it. When we consider the utterly irrational dress worn by girls from fourteen years old or so, onward; the discouragement (fortunately far less marked now than formerly) of active out-door work and exercise for them from about the same age; the systematic encouragement and cultivation of the emotions with women, as opposed to their as systematic discouragement and repression with men; the immense stress and strain laid by young maternity on bodies quite untrained to effort and endurance, and minds quite unaccustomed to sacrifice and care;—when we give these every day considerations due weight, it is obvious that to explain the tendencies now under discussion, we need not run far afield to raise and harry the spectre of liberal education: and we have substantial opportunity for reform without crying crusade against colleges for women. We may even come finally to realize,—though we lack time now to dwell upon this point,—that in intellectual cultivation we have the best possible prophylaxis against the reckless physical carelessness and prodigal waste of emotion which conjointly are at the root of most nervous diseases in women. It would be interesting, by the way, in these days of exact experiment, to take a boy, and from babyhood educate him as girls are educated, dress him as girls are dressed, appeal to and play upon his emotions as those of girls are appealed to and played upon; and observe, under these conditions, how far sex is responsible for weakness of mind and body, and how far, environment.

A question analogous to that of the evil effects on maturer girlhood, of Smith and Vassar, is the one of comparatively recent date, of like evil effects of our public-school curriculum on girls of from eleven to fourteen. Here again the argument has been somewhat of the *post hoc* sort: girls of this age often come into the doctor's hands, nervous, anæmic, suffering from obvious overstrain; they attend the public schools, and are in the effort to conform to their requirements; the public schools

demand too much study from growing girls: *Q. E. D.* Now, it cannot be denied that our public-school system is far from millennial: that it leaves untaught many things which it ought to have taught, and teaches many things which there is no apparent reason for its teaching: but granted this, we still must seriously doubt whether the present curriculum is of too severe a nature to be readily gone through with by the girl of average mental capacity without any serious interference with those "functions" of which we perhaps hear somewhat morbidly too much. When such a girl breaks down under this curriculum, it is only just to inquire what other factors enter into her failure. We have already hinted at certain possible ones: inexcusably bad dressing, lack of exercise, over-stimulation of the emotional nature; and when to these is added attendance at balls and parties, which involves not only unreasonably late hours, but unhealthy excitements and indigestible food, sweets, ices, and the like, the public-school work is hardly needed to explain the illness which brings growing girls under the physician's care. The text and *raison d'être* of the present discourse is, certain statistics which, through courtesy, have lately been submitted to us, and which were tabulated by a teacher in one of our schools for girls, from the voluntary statements of the pupils under her care. They tell their own story eloquently: and the moral of that story would seem to be, not less intellectual culture for our girls, but more intellectual culture, especially in the direction of the fundamental principles of hygienic common-sense, for the parents, male and female, of our girls. Careful study of these statistics can hardly fail to suggest to the physician the lines in which it would be well to put consultation questions to the guardians of an invalid girl. Difficult problems in arithmetic would naturally appeal to the partial mother as a more dignified cause of break-down, than midnight suppers, "figure"-making corsets, or those fruitful breeders of hysteria, sentimental and introspective novels; but while the latter factors are operative, we can afford, temporarily at least, to ignore the former. Indeed, we are tempted at times to venture the shockingly heterodox opinion, that given cold baths, loose gowns, a daily two-miles' walk, nine o'clock bed-time, a recreation-diet of Kingsley, Stevenson, Miss Alcott, and Mrs. Ewing, and

three tablespoonfuls of cod-liver oil daily, and the average "growing girl" will be equal to even a somewhat tough course in geometry without impairing her present health, or imperilling her future hopes of successfully performing all the duties of her sexual sphere. So much for our sermon. And now here follows our text, to which we invite the earnest attention of our readers, assuring them that the statistics offered, though not numerous, are very honestly representative.

STATISTICS IN REGARD TO THE SOCIAL HABITS OF GIRLS FROM TWELVE TO THIRTEEN YEARS OF AGE, IN THE FIFTH CLASS OF A BOSTON GRAMMAR SCHOOL, DURING THE MONTHS OF NOVEMBER AND DECEMBER, 1887, AND THE FIRST HALF OF JANUARY, 1888.

No.	AGE.	ATTENDED PARTIES, THEATRES, BALLS, WEDDINGS, ETC.	HOURS OF RETURNING HOME.	REMARKS.
1	13	17 evenings.	10 to 11½	
2	11	21 "	10 " 11½	
3	13	35 "	10½ " 1 A.M.	
4	11	16 "	9 " 1 "	
5	13	23 "	11 " 2 "	
6	11	21 "	10 " 12	
7	11	19 "	Once till 5 A.M.	
8	14	24 "	10 to 11	
9	11	10 "	10 " 12	
10	13	11 "	9 " 11	
11	12	19 "	10 " 12	
12	12	8 "	10 " 12	
13	11	13 "	10 " 3 A.M.	
14	10	10 "	9 " 11	
15	11	10 "	10 " 1 "	
16	12	11 "	10 " 12	
17	10	4 "	10 " 2	} Sits up too late to attend school next A.M. Con- sumptive.
18	10	3 "	10 " 2 A.M.	
19	10	3 "	9½ " 12	
20	10	3 "	9½ " 12	
21	8	3 "	10 " 12	

SECOND DIVISION OF FIFTH CLASS, COMPRISING THIRTY GIRLS,
AVERAGE AGE ELEVEN YEARS.

No.	AGE.	ATTENDED PARTIES, THEATRES, BALLS, WEDDINGS, ETC.	HOURS OF RETURNING HOME.	REMARKS.
1	13	11 evenings.	10 to 12	Wedding till 4. Mother says she is a nervous child.
2	10	12 "	10½	
3	12	12 "	11 to 4 A.M.	
4	10	8 "	10 " 12½	
5	11	7 "	11½ " 1½ A.M.	
6	12	6 "	10½ " 1½ "	Ball till 4 A.M. Consumptive.
7	11	6 "	10	
8	9	7 "	Parties till 12	
9	11	7 "		
10	10	4 "	10 to 2 A.M.	
11	10	2 "	11	{ Absent from school for two months.
12	9	3 "	12	
13	10	4 "	10 to 11½	
14	10	2 "	12	
15	11	5 "	10 to 11	
16	9	2 "	12 " 12½	{ Too tired to attend school next day.
17	10	4 "	10 " 12	
18	10	3 "	10 " 2 A.M.	
19	11	4 "	9½ " 12	
20	10	3 "	9½ " 12	
21	8	3 "	12	

REFRESHMENTS SERVED AT PARTIES AND ENTERTAINMENTS.

Candy, nuts, cake, ice-cream, fruit, popcorn, lobster-salad, meats of all kinds, raisins, cheese, pickles, coffee.

EDITORIAL NOTES AND COMMENTS.

DR. J. P. DAKE'S PAPER ON HEREDITY recently read before a local society, and the report of which we wish to acknowledge with thanks, is a characteristically able production, and contains many profitable hints. The author inclines to the view, that, when all evidence is taken, environment rather than heredity will be assigned the weight of responsibility for the formation of child-nature, physical and mental. He justly points out that cases in which marked coincidence of traits and impulses be-

tween ancestor and descendant would seem to teach heredity, can be matched with cases in which children develop gifts and defects, good and evil possibilities, which have no prototypes in the race from which they spring. He dwells strongly on the fact that in too many minds heredity has come to be almost synonymous with fate, is confidently offered in justification of weakness which individual effort could overcome, and sometimes is a very shibboleth of despair, driving the descendants of cancerous or consumptive parents into states of effortlessness and hopelessness most favorable to the development of the diseases to which they fancy themselves doomed. Such suggestions are wise and timely. It is indeed true, of late, that heredity has threatened to become not a theory, but a fad. Individual freedom and individual responsibility are too precious factors in moral development, for us to afford to lose sight of the part they inevitably play in character and circumstance. There is a certain compassion now extant, for the young in crime, the children of thieves or drunkards, which is emasculating to its objects, and a not infrequent obstacle to their reform. The laws of heredity, rightly understood, are rather words of warning and promise, than death-sentences, or assurances of indulgence and absolution: they suggest, in season for the suggestion to be put to most practical use, what one may fear or hope for, what possibilities of good or evil will most probably offer themselves to the choice of any given individual. But it should by no means be forgotten that it is by environment these possibilities are largely fostered, or rendered nugatory: and to a great extent in the physical, and almost wholly in the moral sphere of being, a man's ultimate condition is of his own creating.

RENEWED WARFARE, arising from the strife between the old and new school English practitioners on the medical staff of the Margaret-street Infirmary, is chronicled by our esteemed contemporary, the "*Homœopathic World*," in a recent issue. It will be remembered by our readers, to whom we gave some details of the original contest, that, in the spring of last year, the allopathic practitioners on the staff of the above-mentioned

institution made endeavor to secure the dismissal of their homœopathic fellow-workers, on the single ground of their practising homœopathically ; and, failing signally in the effort, resigned in a body. Their places were promptly filled ; and among the new incumbents was a certain Mr. Kenneth Millican, who, though an allopathist in theory and practice, is a gentleman of thoroughly liberal views on the subject of freedom of medical opinion, and saw no reason why he could not work in harmony with gentlemen of equal education and ability with himself, though holding differing therapeutic views. What came of this rash action on the part of Mr. Millican, let the " World " tell us : —

" Mr. Millican had previously been elected surgeon for throat diseases to a new hospital in South Kensington, called the Jubilee Hospital. When he accepted the post of surgeon to the Margaret-street Infirmary, the bigots on the Jubilee staff were very much exercised in their minds. They could not find fault with Mr. Millican's orthodoxy, but their narrow souls could not brook the idea that a surgeon of their staff could be connected with an institution where liberty of opinion in therapeutics was allowed to the medical officers. So the committee of the Jubilee Hospital, consisting by law of medical and lay governors in equal numbers (though how, as the judge observed, that could be the case when their number was eleven, or how one-third of this eleven could retire annually by rotation as their laws direct, is a mystery which it would puzzle the late lamented Mr. Cocker to solve), first asked Mr. Millican to be so good as to give up his appointment at the Margaret-street Infirmary, or else resign his post in the Jubilee Hospital. When Mr. Millican politely declined the suggested alternative, the committee, of which, be it observed, Mr. Millican was a member by virtue of his post on the medical staff, adopted the ingenious plan of forming themselves into a sub-committee, excluding Mr. Millican, with omnipotent power, not possessed by the original committee by whom they were delegated, to dismiss their surgeon and appoint another in his place.

" Mr. Millican of course could not submit to such palpably illegal and high-handed proceedings, and forthwith commenced an action for wrongful dismissal against all the committee. The case was tried at the Court of Queen's Bench, before Mr. Justice Manisty, on Dec. 14. Mr. Justice Manisty gave judgment on Dec. 19. . . . The remarks of the judge are as severe condemnation of the action of the Jubilee bigots as we could wish to see."

Then follows a quotation, in detail, of the judgment given, which we may summarize by saying that the justice administered a scathing rebuke to the defendants, for "a flagrant and palpable abuse of their office ;" ordered that the costs of court

and damages (made merely nominal, at Mr. Millican's own request) be paid by them; and further granted an injunction, "restraining the defendants from interfering with the plaintiff in the performance of his duty as one of the surgical staff, and from suspending him from the duties of such office."

The case has been appealed, with the result of temporarily suspending the injunction, though not the payment of costs. It is of course possible that the just judgment may be overthrown by the action of the higher courts. But, meanwhile, lovers of fair play may well congratulate themselves on this signal victory for fair play.

"But, [once more to let the "World" speak] however that may be, the medical profession generally, and we who are the representatives of medical progress, owe a lasting debt of gratitude to Mr. Millican for his gallant and single-handed defence of liberty of opinion and practice in medicine. Mr. Millican is not a believer in homœopathy, which he has never studied, but he is a believer in the right of every medical man to treat his patients in the way his conscience dictates to him. If all the profession were like him, the persecution of homœopathy would at once cease, and we might then all work harmoniously together in the noble endeavor to search for the true remedies for diseases, a search which, if honestly and impartially conducted, would, we are sure, lead to the general acknowledgment of the rule *similia similibus curantur* as the guide to curative treatment."

THE THIRD ANNUAL REPORT OF THE TRUSTEES OF THE WESTBOROUGH INSANE HOSPITAL is very interesting reading, and a document whose facts reflect great credit on the management of the one State institution, in Massachusetts, under homœopathic care. From the superintendent's report, we learn that within the year ending on the 30th of September last, 432 patients were admitted to the hospital; of this number 123 have been discharged, 55 as completely cured, 16 as much improved, 20 as improved, and 13 as unimproved. 19, or 4.39 per cent of the number treated, have died. From the concluding paragraph of the report, it is evident that much is still needed, before the hospital can consider itself equipped for thoroughly efficient service; among the most immediate requirements being a separate building for the chronic insane,—in order, as Dr. Paine justly points out, that the present build-

ing may be in every sense a hospital, and not an asylum, — a superintendent's residence, a morgue, and an improved fire-service. The hints as to the treatment of the insane, here concisely given, are most interesting; such as the success of Weir Mitchell's "rest treatment," especially in cases of melancholia; and the cure of the opium-habit by complete repose, a vegetable diet, and the administration of ipecacuanha, all opiates being withheld. It is pleasant to read that —

"By its charter this hospital treats and cares for the insane 'upon the principles of medicine known as the homœopathic.' No deviation from true homœopathy has ever been made. No sedatives have been administered, such as morphine, opium, bromide of potassium, or chloral. Sleep and rest have been obtained with minute quantities of medicine. I believe that our wards are no noisier at night than is usual elsewhere, that as many hours of sleep are secured, and that the weakened bodies of our patients do not have to counteract the noxious influences of powerful drugs. Further, I am convinced that the forced quiet of hypnotics is not so curative as is popularly supposed. I have seen many cases recover after months and even years of insanity, where the average of sleep each night was only two or three hours, but that small amount was natural sleep. Such instances have taught me not to be alarmed by the symptoms of wakefulness.

"The number who receive medicine for any cause is at present 130, out of the total population of 309. Very few of the 200 transfers have needed medication, except for occasional illnesses. Nearly all of the 130 are acute cases, and they are prescribed for according to their symptoms.

"The medicines most frequently given for mania, and for restlessness and sleeplessness, are aconitum nap., belladonna, hyoscyamus, stramonium, and veratrum vir.; and for similar conditions with melancholia, ignatia, digitalis, and pulsatilla.

"There are only two forms of restraint used: one is a bed-sheet, the pattern of which was obtained at the Middletown, N. Y., Asylum; and the other is an undergarment of canvas, to prevent bad practices. The bed-sheet is used to obtain quiet during the 'rest treatment,' when there is great restlessness or violence. Much of the restraint could be avoided if it were possible to employ more nurses."

We feel moved to note, in conclusion, the unwritten tragedy, the immense pathos, hidden in the tersely-worded statement of the puerperal case, which "was discharged recovered, but was returned after three months, again pregnant and insane."

COMMUNICATIONS.

ON THE RELATION OF ANTAGONISTIC PARTIES IN MEDICAL PRACTICE.

BY C. WESSELHOEFT, M.D.

[Read before the Boston Homœopathic Medical Society, March 1, 1888.]

IT is not my purpose to enter into the historical causes of antagonistic parties in medicine, but rather to consider how it may become possible for them to exist in the same world together without hastening its disruption. There is a general way and a special way of regarding the question. First, the relation of differing medical factions in general and in the abstract; and secondly, a special application of rules deduced from such considerations.

It is somewhat evident that medical factions, as far as they can be traced in history, have always antagonized each other in such a manner that the scientific basis of the difference was too soon lost sight of in the tension of personal antagonism, which often lasted while its origin was forgotten. Even many of us, who have arrived at an age at which men ought to be able to think calmly and deliberately, are not able to trace the cause of strife between two antagonistic medical parties back far enough to realize its origin, and hence we have among the younger generation a state of contention similar to that separating the Montecchi and Capuletti, the Guelphs and Ghibellines, and the Rosicrucians and chemists of old. The contentions between the homœopathists and allœopathists are to-day in quite an analogous state.

If we admit at the outset that there is a cause for contention, we shall have at once to espouse the cause of one party or of the other; and whichever we espouse, the admission will have to be made, *a priori*, that the party whose cause we defend is in the right, and hence that the other party is wrong. It follows, as a matter of course, that in pleading the cause of the party of our adoption, the proof must be furnished, and based upon incontrovertible evidence, that this party is in the right, and, *ceteris paribus*, that all attacks and aggressions against it are unjust and wrong. It should consistently follow, next, that the opponent, seeing the force of arguments, would cease to think in the way he did, give up, and become reconciled.

This would be an ideal state of things, which may come about in the near future, but it may safely be predicted that it will not come about in this way. The reason that it cannot be brought about in this way must be sought for partly in human nature,

and partly in the character and essence of the dispute itself. Human nature does not readily yield merely to logical reasoning in a contest of any kind, even supposing that argument could be formulated in a manner so irresistibly convincing, that the minds of a world of opponents could at once grasp it, and succumb to it. The dispute is too old for that; it has become chronic, and it must be admitted that the remedies thus far applied have failed. It is a drawn battle, though between very unequal numbers; and if there were thousands on one side, and only one on the other, supposing the contestants to be always replaced in this same proportion, it would go on without end. So much for general reasons for the existence of the contest.

The special reason is, that it actually is, or should be, a dispute about matters of fact; it should be, but is not, a purely scientific dispute. If we consider it in this light, we cannot admit that either party has brought forward proofs of its right to exist to the exclusion of the other party; though testimony has been piled upon testimony, evidence is as yet too incomplete to establish the exclusive right of one party as against the other. Though the history of science in general yields examples of the final triumph of purely scientific principles, it cannot be said or admitted that the principles which form the basis of contention between the two parties in question, those of the old school and the new, have by either party been so clearly demonstrated, that there is not a point left for the other to rest a lever upon.

Like the general and the special, the scientific and personal have become so mixed up in the contest, that it is quite difficult to disentangle the threads which might possibly lead to an understanding. At first, right from the beginning, nearly a hundred years ago, it was claimed by the new school that it had discovered a universal principle, according to which disease was curable. It claimed furthermore that it had new and universally applicable pharmaceutical methods to subserve this universal principle of cure, called *similia similibus curantur*, as opposed to the then universally accepted Galenian principle, *contraria contrariis*. Both the curative maxim or law, as well as the pharmaceutical methods, of the new school, were at once most violently opposed, not only by all kinds of argument, but much personal invective; also the power of local and general governments was often successfully invoked against it. Things began to be hopelessly mixed. Scientific testimony opposed to temporal powers now constituted the elements of the contest.

Thus it was in the Old World. The contest transferred to the New, though bearing the same general aspect, had added to it different elements of dispute. Here in the United States of America, in the course of time, the old school receded from

its belief in Galenian maxims, and said, "We have no creed; we are simply physicians, adopting every method that will cure; but we ignore and still repudiate the maxim of the new school." This new school, on its own part, had its intramural feuds, chiefly in regard to the question of dosage. The so-called infinitesimal dosage of the new school had been one of the chief points of attack by the old school. The contest turned around this point in the early days in the Old World, and likewise in this country.

While on the one hand the old school ostensibly receded from its once-favored Galenian maxim, the new school, by increasing majorities, receded from the extreme attenuation of drugs, so that at this time it is far from being the universal rule. Indeed, it needs no searching inquiry into the history of the new school to arrive at the conviction that extreme dosage never was universal.

Gradually it became more and more apparent that the pharmaceutical and therapeutical methods of the old school had drawn nearer to those of the new school, while the latter did not maintain an absolutely antagonistic attitude towards methods of the old school, in so far as they were useful and practical.

Why could not the contest have ended there? why does it not end there? The threads are still entangled. The source of the dispute is obsolete, and beyond the comprehension of the present rising generation, but its spirit survives. Homœopathist and old school, or "regular," are as antagonistic — apparently only, let us hope — as ever.

A new element has been introduced. The field of controversy has been shifted. It is no longer homœopathy against allœopathy, small dose against large dose, *s.s.c.* against *c.c.c.* To give it a plausible, and, if possible, a respectable name, it is now converted into a contest concerning a principle of ethics. Homœopaths, or rather all doctors, are told by the dominant party that they may practise as they choose, give much or little; they may base their practice upon any principle they desire, but they shall not call themselves by any name or title. They shall not call themselves homœopathists or allœopathists, for if they do they are said to be insisting upon maintaining an "exclusive dogma," or "trading upon a name." While they persist in this, they shall not be a part of, and shall be excluded from, the dominant medical fraternity. According to the latest attitude assumed by the dominant school of "regular" physicians, members of the new school must renounce their allegiance to its tenets, or at least must not call themselves homœopaths, in order to be eligible¹ to membership in their societies.

So things stand to-day. If the contest is to be continued on

¹ See Boston Med. and Surg. Journ., Feb. 9 and 23, 1888, p. 150.

these new lines, it will not end anywhere, so far as can be seen. The old issue about dosage and the law of similars, by no means defunct, will again be drawn in to render the confusion more and more profound ; and the way out of the confusion is endless.

The question at once presents itself : Is there a way out of it ? Is there a desire to establish harmony ? Do physicians on both sides really care to live harmoniously ? If so, shall they compromise upon questions of science which each claims to have settled ? Such a course is impossible. What one knows, he will not surrender or ignore. What one believes, he might give up in part ; but beliefs are sacred, and not to be bartered away. If either or both parties profit by segregation, they will remain antagonistic to each other.

What course might there be proposed as being open to both parties, supposing that among them there were a spirit of willingness tending, if not toward formal reconciliation, at least toward the establishment of a *modus vivendi* pending some future permanent coalescence of discordant elements ? Let us consider the matter from an impartial point of view, like judges standing between both contestants, and we shall see that the question resolves itself into two parts, — one of *science*, and one of *ethics*.

Taking the question of science first, let us ask ourselves if such a question has any right to exist ? In answering this it will not be necessary to enter upon the actual scientific points ; such as, Is the law of similars right or wrong ? Is the customary method of preparing drugs right or wrong ? Must these matters be categorically settled and disposed of before any mutual understanding between contestants can be arrived at ? Or must it be unconditionally conceded that the method of prescribing medicines in large doses is absolutely right ? Or, that it is wrong to adopt any general principle or formula regarding the use of drugs ? Is their mode of action known with sufficient certainty to warrant us in prescribing them as contraries ?

If these questions are all answered in the absolute affirmative, there is an end to dispute and antagonism. But they are not settled to the satisfaction of either party. Each still stands on the defensive, or rather holds them in abeyance.

If so, the question at once merges into its second part ; that is, it becomes a question of ethics, of right and of justice.

In considering the possibility of greater toleration, it must strike an impartial judge as impossible that varying parties or schools should unite, if one is right and the other wrong in a scientific sense ; but that such greater degree of mutual toleration and understanding can only be reached by *admitting the as yet unsettled condition of certain questions of therapeutic art and science*. In fact, the question of right or wrong, as to scientific

matters, is entirely inadmissible ; it should be excluded as irrelevant. *The only right that exists in any branch of science is the right to entertain opinions ; that is, the right to draw conclusions from the best light each one has, from the best facts at his command.* The facts themselves may be, and may remain, a matter of dispute. Men of science, especially professional men, may differ very much concerning facts ; that is, as far as doctors are concerned, they may differ concerning empirical data. These may stand for all time, or may be swept into nothingness by future research. But till such time comes, personal quarrels, personal antagonisms of individuals or of societies against each other, are out of place and uncalled for.

Arguments can never be too incisive regarding empirical data, that is, regarding the results of experimental research. But as soon as the element of personal antagonism enters into this field, it becomes barren and profitless. This has been the bane of medical science in past centuries. When all doctors shall agree to settle disputed questions by purely scientific methods, they will begin to enjoy life. They will then acknowledge that medical science has not yet arrived at a stage where one party has a right to exclude another ; it has not yet been perfected so far that physicians may claim the right to base a system of exclusion upon differences of opinion in regard to practice.

This does not preclude the inalienable right to subject each other's methods of practice to rigid critical examination, but it includes the right of each individual, or of individuals organized into societies, to choose their own methods of practice, and of physicians to choose associates or societies congenial to them. Diplomas from respectable colleges, and personal respectability, should be the only passports needed to commend individuals to the censors of societies. Diplomas give the possessor the immutable right to judge for himself of medical affairs. If that is not their meaning, they have none. Diplomas may declare the recipient proficient and able to judge of some special mode of practice, but none are known which compel the possessor to limit himself *to a dogma, any more than to a specialty.*

Much of the antagonism marring the relationship of medical parties arises from a fault common to both, because deeply rooted in human nature. It is the proclivity to think, at each step of medical progress, that the era of perfection has arrived. Acceptance of facts, which a few of the wisest believe to be temporary in all probability, is by the majority elevated into a basis for dogmatism, and dogmatism into a creed. Both parties have fallen into this error, like all medical parties since the earliest times. Both parties have principles, whatever they may be, notwithstanding the repeated announcement on the part of the

older faction of the renunciation of all special rules of guidance in practice; and these are the principles that in spirit, if not always in practice, have grown into religious beliefs and creeds.

The younger party or new school, up to a recent date, had a kind of *credo* which had to be subscribed to by applicants for membership into societies. These creeds technically, though not practically, excluded all who had not a particular belief. But the older school had another belief. It believed that it was right to exclude others for having an opinion. For centuries they believed in a medical dogma of contraries. Then they renounced their belief in such a dogma, but rose to a higher plane of religious belief that they were "regular physicians," implying that they were the only reliable and creditable physicians, as opposed to those who believed otherwise. Take it as you will, there were two creeds, each denying the other the right to judge independently of medical affairs.

The result was that the older party began to cast about for some new reasons for remaining exclusive, and for excluding the other party, whom it accused of being exclusive for being excluded. It soon hit upon a new countersign, or rather battle-cry, by which one might be distinguished from the other. This battle-cry was "exclusive dogma;" that is, the younger party was supposed to have an exclusive dogma, inasmuch as it held to the opinion that it possessed a good and safe rule for the application of medicines in disease.

The older party, in order that its own position might be impregnable, had concluded to renounce its own exclusive dogma of contraries, thereby trying to evade the appellation "allœopaths," a title which it had proudly borne for a century. Now, after suddenly renouncing this title, the party imagined itself free and untrammelled by any kind of rule or principle, and even free from the suspicion of ever having sought to find some useful guiding principle or rule by which it might steer. Its members needed no such light, for were they not "regular?" were they not supreme and perfect in knowledge of drug-action and modes of its use?

The members of the younger party had not fallen into a self-made pit; they still maintained the usefulness of their rule, and among them there were many who held that this rule or maxim was an immutable law of nature, and that certain extreme pharmaceutical methods of preparing drugs were essential to the maintenance of the law or rule; and so, from the earliest beginnings of homœopathic societies all applicants for membership had to acknowledge their belief in the doctrines of their school. There would have been no harm in this, had it not excluded other physicians from these societies, thereby laying themselves

open to the suspicion of exclusivism, and of having an exclusive dogma. So they changed all this. Without renouncing their principles, they revised the by-laws of their societies, and in doing so they omitted all clauses which compelled the acknowledgment of a creed as a condition for membership, and in the place of a confession of faith or pretence of renunciation, they set the principle of *absolute liberty of opinion in scientific matters, and a declaration of the acknowledgment of scientific research as the only foundation for any scientific opinion whatever.*

Under such a code they were made stronger than before to maintain their methods of treating the sick and of preparing their medicines. Under the declaration of liberty of opinion and thought in science, they no longer excluded others, even if they did not agree with their opinions and thoughts; and, what is more, they were no longer guilty of intolerance towards others, while at the same time they had solid ground under their feet.

Under this declaration they stated the object of their societies to be the furnishing of scientific proof of the validity of the rule of treatment, and of perfecting their pharmaceutical methods. It became clear to them that declaration of the scientific purposes and work to be done in societies was henceforth to be considered as a very different thing from subscribing to a belief.

The question as to whether they have actually made progress in demonstrating new facts in addition to old ones in support of their therapeutics and pharmacy, or as to whether they have gone backwards; as to whether their law is universal, or without foundation, — this question is entirely gratuitous, and of no present importance.

Any individual or group of individuals, whether organized as a society or not, is now entirely anachronistic, if as knowledge-seekers they presume to ostracise, exclude, or persecute other individuals or associations for entertaining different opinions on matters of knowledge or fact, and endeavoring to establish such knowledge or fact.

Now, where was the older or "regular" party all this time? It had renounced its belief in a medical principle concerning the action of drugs. Whether this principle in itself was right or wrong, is of no consequence; but it is of great consequence to inquire whether it was wise, just, and right, and in accordance with the free spirit of science, to continue to exclude other physicians from their societies, and even from personal intercourse; whether or not it is to-day wise or right to demand a confession of faith based on an abandonment of the simplest

ethical principles, *the renunciation of scientific convictions*; nay, worse than that, for such a demand implies the renunciation of liberty of thought—a monstrous absurdity.

A candidate for admission into such society will not burden his conscience if he entertains no convictions regarding the curative action of drugs, or any thing else; but if he entertains such convictions, or as a young practitioner hopes to form definite opinions and rules to guide him in his future practice, he must be of feeble moral constitution to allow himself (or herself) to be overawed by those conditions of renunciation. To “welcome and encourage” such individuals may be an easy task, but a very profitless one to the society about to clasp them to its bosom.

The watchword “exclusive dogma” is very plausible; but it is not true that the younger school either entertains such a dogma, or uses it as an advertisement. If they once held it in that sense, or if some of them hold it in that sense now, *they*, but not the whole party, are doomed. But the thousands of homœopathic physicians in the world cannot be judged by what a few hundreds do or think. Any one who will take the trouble to inform himself by referring to testimony open to all, must, unless he chooses to deceive himself, be convinced that the new school, while it declares its right to make entire or exceptional use of the rule of similars, does not exclude other methods of using drugs or of treating the sick in general; he must discover that it includes its method of practice *with* others; he must discover, by thinking the matter over, that the practice according to such a rule is a special mode of wide applicability, and *not* exclusive. It must become clear that a homœopath has as much right to announce his special mode of treatment as any specialist, and that, like specialists, he is not confined and fettered if he should find it necessary to adopt other special modes of treatment; *that, far from being justified in ignoring or concealing his special method of using medicines, or pretending to renounce them for fear of being accused of harboring an “exclusive dogma,” he would be guilty of dishonesty and quackery if he did not state what his methods are.* This is very different from advertising or assuming a false name; it is very different from practising according to secret methods, or avowedly no methods.

If we correctly interpret the liberal phrases of the older societies, a physician is at liberty to practise as he chooses; he may prescribe big pills or pellets with or without the rule of similars; but he must not call himself a homœopathist, and he must shun the societies of such; so that it is only possible to put ONE interpretation on the “renunciation” to be exacted from future applicants for membership into the “regular” society, that is,

that they may practise what they profess not to do, and that they are at liberty to practise what they have renounced.

For the present we have no strong inducement to change our course; it will be useless to trouble our minds with dreams of union and conciliation at the price of compromises. Let us be fair and just to ourselves, we shall then be so to others. Let us consistently hold the square and honest position we have taken. If we are free in mind and conscience, we need not trouble ourselves much about others whose ethics are faulty and delusive. While they persist in closing their doors against all who refuse to sign creeds and to renounce opinions on scientific matters, let us, after abandoning creeds, substitute experimental research.

Let us open our societies to all respectable and qualified physicians.

Let us recognize all respectable colleges.

Let our societies be judged by the work they do, not by creeds.

Let us discourage intolerance regarding matters of dispute.

Since 1873 our city and State societies have reformed their by-laws, and the American Institute since 1874. Whether other societies throughout the country have followed, I know not, but I am sure they are not exclusive in requiring renunciations or confessions of creed.

Homœopathic societies are very indifferent to the question of conciliation, especially when the question of compromise is involved. They care nothing about agreement in any form, feeling themselves quite secure under a strong national government, and as free men. Our old-school societies are yet laboring under a hereditary taint of scientific absolutism, transmitted from century to century, and imported into this country where free institutions have not yet been able to obliterate that spirit.

Homœopaths, aside from the truth or erroneousness of their doctrines, are in medicine what the Puritans were in religion, — they would have and did have liberty of conscience. If, like those hard-headed ancient religionists, they once found the world too small for them, they have outgrown that weakness, and have settled down to the conviction that they have all the right and room they need in the world.

While homœopaths have the indisputable right to develop their system according to the best of their ability, they should not be indifferent to the ethical principles upon which their societies are founded. Constitutions and by-laws either have a significance, or they have none. If the latter is the case, their wording is a matter of indifference; if the principles expressed in their constitutions and by-laws are of importance, the manner of their expression and its possible import should be scrupu-

lously revised and reconsidered, lest those documents might say something they do not mean, or mean something which they do not say.

Let us hope that all local, county, and state societies of whatever party, will see to it that their constitutions, by-laws and codes of ethics are free from cant, free from creeds, free from exactions regarding this or that belief, lest they place themselves in the unenviable position of being obliged incessantly to tinker their by-laws to accommodate persons who are as willing to accept as to renounce a creed to gain favor.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

THE next patient whose case I have to relate first came under treatment at the hospital in September, 1881, complaining of palpitation, faintness, weakness, general debility. I find also in the book this additional note: "No organic disease of the heart: appears anæmic; never had rheumatic fever." She received *digitalis*, and afterwards *ferrum mur.* 3x. She returned in June, 1882, complaining of pain in the left side on taking a deep breath, and for this she received *bry.* 2x.

She came under my care in the following month. She was then sixteen years of age, pale, delicate looking, rather fair hair, and dark eyes. The pain in the left side was then very bad. She has palpitation, preventing her lying down. As a child she had severe illnesses, chiefly cough troubles, for which she was leeches and bled. At nine months she had cramps and convulsions. She never had either scarlet fever or rheumatic fever. Palpitation and pain were the first things she noticed of present illness. She knows no cause; before these came she could run about like other children; the pains came before the catamenia appeared. Tongue clean, bowels regular, appetite varies. Catamenia on at present, not for three months previously; first appeared nineteen months ago. She is constantly drowsy. Her feet swell at times; she has much pain in the legs. On examining the chest, I found the physical signs of mitral stenosis and slight induration of apex of right lung. She received *ars. iod.* 3x., gr. ij., t. d. There was marked and immediate improvement.

July 26. — Better generally; appetite better, less palpitation, still has pain in the right side, no pain in the legs. Rep.

Aug. 9. — She was seen in my absence by the house surgeon, who added *bry.* 1x. to the prescription, probably for the pain in the side.

It is important to follow the progress of this case, as she has quite recently again come under treatment, and now presents the physical signs of aortic valvular disease as well as mitral. The treatment has therefore done nothing to arrest the progress of the valve lesion, but it has again and again given strength to the cardiac muscle. That the obstruction will in the end prevail in this case, I fear there is little doubt; but I have also little doubt that the end may be indefinitely postponed, and life rendered much more endurable, by medical treatment. The sphygmogram taken on the first occasion is one very commonly obtained in cases of mitral stenosis, — small and quick, but not otherwise abnormal. It is interesting to compare this with two recently taken since the development of aortic disease and hypertrophy of the left ventricle.

Aug. 23. — Appetite rather better, tongue white, bowels regular. Palpitation not quite so bad; still has pain in the side and right across the back, no tenderness; numbness in left arm and hand. *Ars. iod.* 3x., gr. ij., n. et m.; *spig.* 3, gtt. j., 3 h.

Sept. 6. — There was improvement. The pain had gone from left arm, and was better in the side. Catamenia regular. Rep. (*spig.* t. d.).

She now went without medicine for a time, but soon felt the worse for not having it. She was put on the iodide alone; but as pains came on in both arms, *spig.* 3 was added every three hours.

Nov. 29. — Strength keeps about the same; sleep good, appetite good, tongue clean, bowels regular; pain in the arms better; pain in the right side catches her when she talks; no cough. *Bry.* 3, pil. j. 3 h., replaced *spig.*, *ars. iod.* as before.

Jan. 3, 1883. — Kept better for a time; not so well now. Pain in right arm from fingers down to side. *Ars. iod.*, n. et m.; *lach.* 6, gr. j., 3 h.

Jan. 31. — Much better; pain in arm much better, appetite good, pulse quite regular. After this she remained much better till July 18, when she came complaining of pains in chest and legs. The last prescription was repeated for a month. For the first fortnight she was better, but after that she was not so well. Numbness in arms and up the neck very bad, drowsy. *Spig.* 3, gtt. j., 3 h.

On Sept. 19, there was not much improvement. Pain in the chest, worse on lying down and after eating bread; not much wind. Tongue clean. The pain is sharp. Catamenia returned after three months. *Naja* 6, gtt. j., 3 h.

Oct. 17. — Very poorly the first fortnight, better the last. Rep.

Oct. 31. — Very ill indeed. Pain in chest very bad: it takes

her breath. I now returned to *ars. iod.* and *spig.*, and the next report was better ; pain catching in right side, but not so sharp ; tongue clean, bowels regular, appetite fair. Rep

Nov. 28. — Again not so well ; gnawing at heart. Arms bad again. *Calc. c.* 6, p. j. ; *spig.* 1, p. j., 2 h. alt. She remained without treatment now for seven months.

June 25, 1884. — She kept pretty well for a few months, but is now bad again. Cold weather suits her better than hot. She has pain in the side and left arm, and pains in the legs, as if cold water were running down them. Catamenia regular now.

Examination. — Vertical dullness begins at third rib ; transverse dullness extends from half an inch to the right of sternum to three inches to left ; visible pulsation in scrobiculus cordis and fifth space ; beat strongly felt on palpation apex, — first accentuated and reduplicated, followed by second sound, no bruit ; reduplication heard as far as sternum, but not to the right of left sternal edge ; sounds heard loudly at angle of left scapula. Aortic area : short systolic bruit prolonged into carotids, where it is heard louder ; the same bruit heard less loud in pulmonary area. No diastolic bruit in aortic area.

Diagnosis. — Disease of aortic valves and mitral stenosis, hypertrophy of left ventricle.

I put her on the iodide of arsenic three times a day, and gave her *act. r.*, 1 gr. j., 1 h., to take when she had a "sinking" sensation, of which she complained.

July 9. — Has been ill, but to-day is brighter. Has much aching in the arms, especially the left. The *actæa* seemed to help her. Her mother tell me that she is very nervous ; she fears to go out alone. This has been so for some long time. I gave her the iodide night and morning, and *naja* 6, gr. j., to be taken when the pain in the arms was severe, the *actæa* when required, as before. (JOHN H. CLARKE, M.D.)

Mitral Stenosis, Great Debility, Œdema of the Feet. — A lady, æt. fifty-eight, tall, very dark, blue lips, nervous, consulted me in September, 1883. From six months old had been subject to ague. She had married rather late in life, had had no children, and had been a widow some years when she consulted me ; had never had rheumatic fever. Fifteen years ago had had scarlet fever and inflammation of the lungs ; her breath had never been so good since, but she only noticed distinct difficulty for six years. This had been much worse for two years ; a few days before consulting me (Sept. 15, 1883) she had an attack of diarrhoea. This was stopped by brandy, and immediately a "cold" in the chest came on, cough hard and dry, unable to raise any thing. She feels as if the windpipe were twisted and knotted, and *crows* with the difficulty she experiences as if she

had whooping-cough. She feels very weak ; is unable to walk more than a short distance, and not at all if there is a wind. The heart seemed to stop and flutter. Sometimes she goes off into a kind of faint, but recovers very quickly. The feet swell about the ankles. Appetite poor ; bowels confined. There is no tenderness about the larynx or trachea. The lung sounds are feebler at left apex than right. There is a præ systolic bruit.

She can sleep lying quite flat ; sleeps badly the fore part of the night, but well towards morning.

I gave her *digit.* θ , gtt. j, 1 h., ante cib., and *arsen. iod.*, 1 gr., 1-2oth, post cib.

Three days after, she was very much better ; lips less blue ; expectoration easier. Much better generally. No alteration was made in the treatment. Her appetite improved ; her walking powers returned, and on the 8th of October she considered herself quite well, and for any thing I know to the contrary has remained so since. (JOHN H. CLARKE, M.D.)

The next case has been under my care, off and on, for three years. The greater part of the time she has been treated with other medicines than the *iodide*.

Mary D—, æt. twenty-one, pale, fair, above medium size, eyes very large and prominent. She came to me on Oct. 29, 1881. She complained of short breath, palpitation, and pain at the chest. Three years ago had rheumatic fever, pleurisy, and bronchitis badly. She got well, but cough, short breath, and pain in the legs came on gradually. She has had palpitation for years. She is low-spirited, and gets extremely cold and numb. Her father suffers from "weak heart," but otherwise the family history is not remarkable. Tongue clean ; bowels regular ; appetite good ; catamenia scanty, worse the last twelve months, never regular, came on at seventeen. Sleep good, but dreams ; cries out in sleep, starts. Is rather nervous. The feet do not swell.

Examination. — Cardiac dulness increased. Apex beat in nipple line. First sound exaggerated at apex ; præ systolic and systolic bruits. A short bruit in pulmonary area, heard occasionally, varies with inspiration and expiration. Mitral stenosis and regurgitation. *Digit.* 1, gtt. j., 4 h. She improved considerably, but the breath remained short, and the palpitation was no better. *Digit.* 1x. gtt. j., t. d. was given, and *thuja* 30, gtt. j., n. et m. The *thuja* was given now, and *calc. carb.* later, chiefly with a view to seeing if any impression could be made on the diseased valves. *Calcarea* seemed to do good to the general condition, but I can say nothing as to whether either affected the valves.

Dec. 1. — Has been a week without medicine, and is not, so

well ; more palpitation and breathlessness. Has pain in the legs on going up stairs. Is not so nervous as she was.

Examination. — Cardiac dulness increased. The first sound is thumping in character, and a sharp bruit is heard in mitral area and over the left auricular appendix. It is long in the mitral area and short in the other. It vanishes while listening. It is not audible in pulmonary, aortic, or tricuspid areas. Apex beat strongly felt in fifth space ; also felt in sixth space. Repeat *dig. ix.* and *thuja 30*.

After this she complained chiefly of digestive troubles, and deafness with discharge from right ear. She received *natrum muriaticum*, under which the breathlessness improved, and afterwards *pulsatilla*. A cold with cough and hoarseness came on in April ; and she received *bry. 3*, gtt. j., *calc. carb. 6*, gtt. j., 3 h. alt. The cold improved.

On May 31, being hard-worked at the time, she complained of great breathlessness. *Calc. carb. 6*, gtt. j., *spig. 3*, gtt. j., 3 h. alt. After this she was better.

Jan. 28, 1882. — Has taken fresh cold ; much cold in the head ; is deaf ; feet swell at times : much breathlessness since she has had much standing. Tongue dirty ; appetite good ; bowels regular ; sleep good.

Examination. — Loud venous hum in neck. Systolic bruit in cardiac areas very faint. *Merc. sol. 6*, gtt. j., *spig. 3*, gtt. j., 3 h. alt.

She improved steadily under this treatment until September. She then took a bad cold from a chill ; she fainted ; throat sore ; tonsils large ; tough expectoration in the morning. Has been a week without medicine when this came on. Has had no suffering in the heart.

Examination (Sept. 9). — Venous hum in neck. Both heart sounds heard in the carotids. Rep.

On Oct. 4, *calc. carb. 6*, gtt. j. and *spig. 3*, gtt. j., 3 h. alt., were given. She again improved.

On Nov. 14, *bry.* took the place of *spig.* ; this, chiefly on account of a cough ; and as she was subject to chilblains, *agaric. 3* was given to be taken if required. She remained much in this condition for some months, — better as regards heart symptoms, and suffering off and on from cold, ear-trouble, and falling of the hair, which *fluoric acid* seemed to check.

On Aug. 8, 1883, she complained of giddiness. There was some acne on the face.

Sept. 19, 1883. — Very bad headache. Right ear painful and stopped. Hearing $\frac{1}{2}$. Is looking pale. Tongue pale ; appetite good ; bowels confined. Palpitation occasionally. Is drowsy ; dreams badly in sleep. *Nat. mur. 6*, gtt. j., q. d.

Oct. 3. — Indigestion still very bad. Breath very short; bowels much confined. I now for the first time gave her the *iodide*, with *digitalis* (which she had had before). *Ars. iod.* 3x. gr. ij., n. et n. Dig. i, gtt. j., q. d.

Oct. 17. — Very much better. Bowels regular. Heart better; less indigestion and headache. Much phlegm in morning, which makes her sick. Rep. She remained away for two months. The breathlessness had then returned (Dec. 12) on exertion. She became faint on standing, and had digging pain in the body. *Spig.* 3, gtt. j., in place of the *digit.*, the *iodide* as before.

Jan. 2, 1884. — Is working hard. Has pain at chest, and indigestion. *Calc. carb.* 6, gtt. j., *spig.* 3, gtt. j., 3 h. alt.

This patient was working at her business all the time of her attendance.

The *iodide* received only a short trial in this case, but its action was prompt and decided. (JOHN H. CLARKE, M.D.)

A FEW NOTES ON CYPRIPEDIUM.

BY W. R. RAY, M.D., MELBOURNE, AUSTRALIA.

OUT here at the antipodes, as in most other places, we have the usual type of cholera infantum and summer diarrhoea, and having used the above remedy quite frequently for the past few years, a few notes may be of interest.

It seems to have a particular relation to that condition mentioned by Gooch and Marshall Hall, as "hydrocephaloid," generally the result of long exhausting diarrhoea, with the following symptoms: Face pinched and drawn; dark pallor of face, almost inclined to lividity; extremities cold; head generally hot; pulse rapid and weak; great prostration and thirst; vomiting and purging; eyes turned up, showing their whites, or squinting; sometimes ptosis of lids; diarrhoea of various shades, odors, and consistency.

What particular action the drug has on the intestinal irritation, is not known by me; but it certainly has a marked effect on the brain symptoms, and as these manifest improvement, there is also an abatement in the number of the discharges. The following cases may help to show the action of the drug:—

Grace S—, aged four months, had been ill for eight days under allopathic treatment, and had been given up. When first seen was in a state of collapse; stools every quarter-hour, putrid, black, and watery; good deal of straining; eyeballs turned up; no vomiting; pulse thready; extremities cold; very thirsty; constant moving of tongue against side of cheeks; occasional

jerking of limbs; temperature 102° F.; aphthæ; tongue red and irritable, as if scalded. Prescribed *arsenicum album*, 6x. pilules, two to be given every two hours. This had the effect of lessening the number of stools, but the brain symptoms remained unchanged. Then gave *cypridium*, 3x. pilules, one pilule every hour for four hours; then every two hours. Saw the child again in afternoon, about 5.30. Only three stools since 12 o'clock; body bathed in a warm perspiration; no jerking of limbs; appearance of eyes natural, save that pupils are rather contracted. Repeated the medicine, and on visit next morning the child seemed almost well; expression of face natural; only one stool, having slept quietly through the night.

Ellen H—, aged ten months; has three teeth; two fresh ones nearly through. Stools twelve in seven hours, greenish, frothy, with good deal of straining, and drawing-up of limbs, odor like rotten eggs; very peevish and irritable; milk thrown up curdled ten minutes after given; constantly screaming; would drop off to sleep, and wake with a start, screaming; tongue coated white; thirsty. Prescribed *chamom.* 12x. pilules, two to be taken every two hours. Saw child next morning; stools every ten minutes or quarter-hour; watery, offensive, excoriating the parts; aggravated by taking food; face pinched and drawn; skin cold; pulse weak, 150–160 per minute; urine suppressed; limbs drawn up and fingers clinched; lower lip drawn in; eye-balls inclined to turn up; right pupil widely dilated; left normal, but ptosis of lid; rolls her head from side to side. Prescribed *cyrip.* 3x. pilules, two every two hours. Saw child eight hours later; stools had abated in frequency; child quieter; had two short naps; face looks fuller; pulse stronger; skin warm; had soaked napkin through with urine; expression of eyes more natural, though still inclined to turn up. Repeated medicine. Twenty-four hours later all brain symptoms had gone, and the child made a speedy convalescence on *calc. phos.* 6x.

I should mention, in connection with this class of cases, that I have been greatly assisted by using Murdock's Liquid Food, which I give according to the urgency of the case, five drops every ten minutes, quarter or half hour.

FOUR MONTHS' WORK IN ABDOMINAL SURGERY.

BY HORACE PACKARD, M.D., BOSTON.

(Continued.)

CASE IX.: *Ovarian Tumor*. — Ovariectomy. Mrs. P—, age thirty-eight, had always been in good health until two years ago, when she began to suffer from pain in the back, hips, and through

the bowels. About two months previous to my first interview with her, she first noticed an enlargement of the bowels. This had progressively increased, until, at the time of my first examination, the abdomen presented an appearance about like that of the fifth month of pregnancy. Fluctuation was very distinct, and all symptoms pointed to an ovarian tumor. The patient had suffered greatly from cutting pains through the bowels, and had been confined to the bed for three weeks. She had no appetite, and had emaciated rapidly. An operation was advised, and on Nov. 10, two days after my first interview, she was placed under ether, and the tumor removed. It proved to be a tumor of the left ovary, and the operation was unattended with serious complications. There was a slight adhesion to the lower border of the omentum, which was ligated with catgut and severed. The wall of the cyst was of an exceedingly friable nature, the finger easily puncturing it at any point. The patient made a good recovery, save for slight discomfort from gaseous distension of the bowels.

CASE X.: *Double Parovarian Tumor and Cystic Ovaries.*—Tait's operation. Miss K——, age thirty-five, had been treated for metrorrhagia, and various nondescript pains about the pelvis. On examination a tumor was found on the left side in the region of the ovary, very sensitive on pressure, and freely movable. Operation was advised, and on Nov. 14 the abdominal cavity was opened, the tumor delivered, which was found to be a thin-walled parovarian cyst, the size of a small orange, and the pedicle ligated with silk. The ovary was studded with small cysts, consequently was removed, and the relations of the tumor to the Fallopian tube were such, that it also was included in the extirpation. On passing the fingers to the other side and examining that ovary, a small parovarian cyst was found about the size of an English walnut, and the ovary in a more advanced stage of cystic degeneration than on the opposite side. Ovary, cyst, and tube were on this side ligated and removed. The patient progressed finely after the operation, notwithstanding that she had made up her mind to die, and patiently waited day after day, with eyes closed, for her summons to depart. Her temperature was but slightly above normal at any time during the first fourteen days, and at the end of that time her condition seemed so good that no doubt was felt but that speedy restoration to full health and strength would follow. Subsequent events however, showed that trouble was to follow, for as the days went by, the patient began to complain bitterly of pain in the left ovarian region; and on examination a mass of considerable size was found filling the larger part of that side of the pelvic cavity, very sensitive on pressure, and firmly fixed. The

temperature gradually went up to 104° F. There was loss of appetite, and coated tongue. Measures were taken to promote absorption of the accumulation, and the condition up to the present time has somewhat improved, but there still remains a bunch of considerable size.

CASE XI.: *Ovarian Cyst.* — Ovariectomy. Mrs. P——, age forty-two, had always been in good health with the exception of such temporary illnesses as all are liable to, until the preceding February, when she noticed an enlargement of the abdomen. This had steadily increased until at the time of my first interview with her, the abdomen presented a rotundity approximating that of the seventh month of pregnancy. She suffered considerable pain through the left side extending to the back, and had emaciated considerably. She was still active and able to be about and attend to her household duties without much difficulty. On Nov. 21, an incision about two inches in length was made through the abdominal wall, exposing the wall of the cyst. It proved to be a simple cyst of the left ovary, without adhesions. Its contents were quickly evacuated, the cyst drawn out, the pedicle ligated, and removal effected in hardly longer than it takes to write this. The other ovary was found to be in a similar state though only in the very earliest stage. It was ligated and removed. No unfavorable symptoms followed, and in three weeks the patient was discharged.

CASE XII.: *Movable Kidney.* — Nephrorrhaphy. Mrs. W——, age forty-seven, wrenched herself two years ago when carrying coal up-stairs, and felt a pain in the right side "as though the skin were being pulled off inside." She had suffered pain and distress in that side ever since, and could feel a bunch on that side of the abdomen. On examination a freely movable body was found, and from its shape, the sickening pain on pressure, and the history of the case, there seemed no question but that it was the right kidney, which had been torn away from its natural fastenings and had gravitated downward pushing the peritoneum before it. It was determined to make the attempt to restore it to its normal location and fasten it with sutures. On Dec. 2, the lumbar incision was made, and the successive layers of muscles divided down to the renal fat. Some slight confusion was here encountered on account of the lower lobe of the liver, which was considerably elongated, being pushed up instead of the kidney. A small opening was made through the peritoneum, which quickly showed the relation of the organs, and the sought-for kidney was quickly brought into view. The peritoneal incision was closed with continuous catgut suture, and no unfavorable complications resulted therefrom. The kidney being held in position by an assistant was fastened

to the adjacent lumbar fascia and to the sheaths of the lumbar muscles with several strong catgut sutures, which were passed through the capsule of the kidney. Several longitudinal incisions were also made through the capsule to promote adhesions to the lumbar connective tissue, with which the surface of the organ was firmly brought into contact by the tying of the sutures. The wound healed kindly, with no unfavorable complications, and at the present time the patient is sitting up and will be discharged in a few days. The organ seems to remain in the position where it was sutured, since it cannot be felt in its old location. A large pad is worn, with the idea of giving it all the support possible. It is perhaps too soon to pronounce absolute success in the case, for even though the kidney is now in its natural position, the adhesions may later on give way.

TREATMENT OF THE WOUND.

All of these cases were operated on with the strictest possible attention to antiseptic measures, and with the utmost care to prevent the wound from becoming contaminated during the healing process. In nearly every case where an opening was made through the abdominal wall, the wound healed by first intention and with little or no suppuration. A method of wound dressing presenting some new features has been followed in these cases, and the results have been so far superior to any system before used, that a detailed account is here given. It has been the writer's experience, prior to the adoption of this dressing, that however much care might be taken in making the field of operation clean, and in rendering all instruments, sponges, dressings, etc., perfectly aseptic, in three or four days a disagreeable odor would be noticeable, and on removing the dressings they would be found saturated with pus in a state of putrefactive fermentation. For a time I attributed this to the sponges, and forthwith discarded sponges and used irrigation exclusively. This, however, did not improve matters, and finally the fact was forced upon me that the trouble came from infection after the operation rather than at the time. This caused me to look more carefully after the dressings, and I found that those wounds which from their relation to adjacent portions of the body were most liable to become partially uncovered from slipping of the dressing, etc., were the ones in which putrefactive fermentation was sure to occur, about the fourth or fifth day; that however high the layers of antiseptic gauze and absorbent cotton might be piled over an ovariectomy wound, it availed nothing if the edges of the dressing adjacent to the pubes became raised or slipped in such manner that the surrounding air gained

access. It was evident to me that some form of dressing must be adopted which would cover the entire wound, and be so securely fastened to the surrounding healthy skin that no ordinary movement or even contortions of the patient could dislodge it. It must also be so arranged that in case suppuration should occur, it would be easily apparent. With this idea in view, a patch of mercurialized absorbent cotton, moderately thick in the middle and bevelled off towards the edges, large enough to cover the wound and lap a couple of inches in all directions, was placed over the wound, and fastened down securely to the skin with collodion holding in solution twenty-five per cent of iodoform. The surface of the patch of cotton was covered with this solution except a strip along the centre exactly over the line of the wound. It has been found that this dressing has fulfilled the purpose for which it was designed, in the most satisfactory manner. Amputation wounds, and wounds following the extirpation of mammary tumors, as well as abdominal wounds following ovariectomies, have all healed without a change of dressing and without fermentation in the wound. In cases where drainage is deemed necessary, the same form of dressing is applicable by simply splitting the patch of cotton at the point where the drainage-tube protrudes, and plastering the cotton down firmly about the tube. In such case, the aperture is simply kept covered with a pledget of mercurialized cotton, which is watched closely and a fresh one applied as soon as discharge shows through. In this way a wound need not be dressed, other than this simple change of cotton over the drainage-tube for ten days, at the end of which the wound will be found healed throughout without suppuration or inflammatory re-action. In all ovariectomy wounds, the peritoneum has been united with a continuous catgut suture, with deep wire sutures including all the remaining layers of tissue, viz., muscle, fascia and skin, and a continuous catgut suture uniting the integument. In some cases the anterior sheath of the rectus muscles has been also united by a continuous catgut suture. In no case has there been ventral hernia, and it is believed to be due to this careful approximation of all the layers of structures composing the abdominal wall.

DIETETIC TREATMENT.

It is the experience of all engaged in abdominal surgery, that the reflex irritability of the stomach, during the first thirty-six hours following the operation, is often a source of much distress to the patient, if not of absolute danger, and a fruitful source of anxiety to the surgeon. It has been the custom to ply the stomach with all sorts of preparations, black coffee, peptonized

milk, hot water, etc., with the hope of "keeping something down," when that something which is put down as quickly comes up, simply because the already irritable stomach is made more irritable by its presence. What is needed is *complete rest* for the digestive organs until nature has had a chance to subdue the irritability. Not even water is given per mouth as long as nausea remains. If medicine be administered, it is given in powder dry on the tongue, or in trituration tablets. During this interval the strength is maintained and the thirst quenched by rectal enemata of Murdock's Liquid Food, diluted with warm water. It is useless to inject into the rectum large amounts of nutritive material of any form; for, if it be done, fermentation is sure to occur before it is all absorbed, and the residue will be expelled. It is only by much dilution with warm water that the best results are obtained. Twenty-five drops of the Liquid Food to two ounces of warm water, administered every two hours, often produces results which are most gratifying in quenching the thirst of these patients, and maintaining their strength. It is truly astonishing how large quantity of such liquid will be absorbed by the rectum. In some cases this procedure has been followed for days without any portion being ejected. I can truly say that I believe that the life of Case II., in the table, was saved by these enemata, for such persistent nausea and vomiting I never saw, and she became so emaciated that it seemed each hour must be her last. I am confident that had it not been for the rectal enemata, death would have been recorded against her case, instead of recovery.

TREATMENT OF THE PEDICLE.

It has become nearly the universal custom to ligate the pedicle of an ovarian tumor with silk, drop it into the abdomen, and close the wound. This method, without doubt, has been followed in the majority of cases with good results, but my experience has been that a silk ligature in the abdominal cavity is capable of setting up serious trouble later on. For example, in Case I. the silk ligature was the cause of most of the unfavorable complications, and I can but believe that had a catgut been used, there would have been no call for the making of a vesico-vaginal fistula. Again in Cases IV. and X., I have very good reason to believe that the prolonged convalescence is due to irritation produced by the silk ligatures. In support of the above views I quote from a discussion of the Philadelphia Academy of Surgery, reported in a recent number of the "Medical News" as follows: "Dr. S. W. Gross exhibited a specimen of interest which showed one of the disadvantages of the use of the silk

ligature for tying the pedicle of an ovarian tumor. Dr. Martin, of Berlin, removed an ovarian cyst, and secured the pedicle with a silk ligature Some time later the patient presented symptoms of calculus, and on examination a large phosphatic stone was found and crushed by Dr. Max Nitze. . . . The nucleus was several feet of silk thread which had ulcerated into the bladder. The lady then came to this country. . . . She consulted him about the first of last month on account of a return of the vesical symptoms, when he detected a stone." He removed it, and on examination found that it had formed around a bit of silk ligature, about an inch of which projected from the stone.

In cases operated on since the completion of the above series, I have used a large strong catgut, known in music supply stores as D, violin No. 25. This is purchased raw, macerated in oil of juniper twenty-four hours, and preserved in a one to thirty solution carbolic acid and absolute alcohol.

THE TWO CASES OF TOTAL EXTIRPATION OF THE UTERUS PER VAGINAM.

At the present day, nothing need be said in justification of operation for the removal of an ovarian tumor, but it is quite otherwise with the extirpation of the uterus. This operation is called for, almost without exception, for cancer of the cervix uteri, a condition which as surely, and usually more rapidly, leads on to death, than ovarian tumor. Many can recall the time when he who would perform an ovariectomy was looked on as little better than a murderer. So with extirpation of the uterus, until Freund showed that it could be safely done *per vaginam*. As in the early history of ovariectomy, each succeeding year has shown a diminished mortality following total extirpation of the uterus *per vaginam*, until the summary of last year's work among the best German operators shows a mortality of only 14.5 per cent, while with one surgeon, the death-rate has been reduced to 6.2 per cent.

In the face of such figures as these, it would seem that nothing more need be said in justification of the operation. The way is gradually being paved for as brilliant results in the future for this operation, as are to-day obtained after ovariectomy. The condition for success is *early operation*, and as soon as the mass of the medical profession become awakened to this important point, and urge upon their patients total extirpation of the cancerous uterus while the disease is still in its incipency, in just such proportion will brilliant results follow. Epithelioma of the lip in men is removed, and no return of the disease follows.

Why should not the same result follow total extirpation of the uterus, if early performed? The tendency to-day is to temporize with such a condition when discovered,—to scrape away, burn off, or amputate the cervix. I am fully convinced that could total extirpation be performed early in the disease, at the time when the temporizing is usually resorted to, ninety-nine out of one hundred cases would recover, and the life be prolonged for years.

In the first case of this kind recorded in the table, the patient was fortunate in that the disease was in its early stage. Her general condition had not suffered deterioration from excessive hemorrhage, and she showed none of the cancerous cachexia. Her convalescence was uninterrupted by any grave symptoms. It is indeed astonishing, that an organ of so much importance in the animal economy can be removed with so little general disturbance. In the second case, the conditions were far different; the disease had made greater inroads upon the system; in short, there was insufficient vitality to tide the patient through. I can have but little doubt that had total extirpation been performed earlier, say at the time the curetting was done, her life might have been prolonged.

THE TWO CASES OF UMBILICAL HERNIA.

These need but a passing word. It may seem that they were of insufficient gravity to include under the imposing title of abdominal surgery. This condition, however, is a grave one, as is illustrated in the first case mentioned, where the patient but a few weeks prior to the operation but narrowly escaped with her life from strangulation of a loop of extruded intestine. The rapid convalescence after such an operation in a patient so far advanced in years (age seventy-three) is also worthy of note.

THE CASE OF NEPHRORRHAPHY.

The condition known as movable kidney is always attended with an amount of discomfort which makes life almost a burden, and a patient so suffering is in a pitiable condition; for if let alone it will neither get better nor worse, and there is nothing but years of miserable existence to anticipate. Removal of such a displaced kidney is hardly looked upon as a justifiable operation, but the attempt to restore it to its natural location and secure it with sutures, and by various means set up adhesions which will prevent it from falling adrift again, has been followed by results which at least promise something for the future.

THE MEDICAL TREATMENT FOLLOWING OPERATION.

In every case the medical treatment has been conducted according to the law of *similia*. The smarting pain which nearly always follows mutilation of the tissues by cutting instruments has been relieved by *hypericum perforatum*; continuous nausea, by *ippecac*; vomiting of bitter fluid, by *nux vomica*; sour vomiting, with white tongue, by *pulsatilla*; distension of the bowels with gas, by *carbo vegetalis*, *lycopodium*, *veratrum album*, or *phosphorus*. No hesitancy is used in administering morphia if acute sufferings of the patient cannot be controlled by such measures as are mentioned above; but the fact stands that but two of the twelve cases had a particle of morphia or any derivative of opium administered, and these but a single eighth of a grain the first night following operation, to ease severe abdominal pain following operations which involved extensive disturbance of the abdominal viscera. The indiscriminate administration of opiates after such operations cannot be too strongly condemned. Opium blunts the sensibilities only; it does not remove these distressing conditions: they are going on all the same, only the patient is unconscious of their progress. It also blinds the surgeon as to the true state of his case; for, with the patient unable to tell him her feelings, he has objective symptoms only to guide him.

CONCERNING THE FAMILY PHYSICIAN.

Editor New-England Medical Gazette, — That was a neat little plea of yours in defence of the good old-fashioned "family doctor," in the February GAZETTE. But has it really come to this, that the old fellow needs defending? Shades of the immortal Hippocrates forbid! Seriously, Mr. Editor, has not the "family doctor," in the general acceptance of the term, had his innings, and a pretty long one at that, even since the world began, and are his prerogatives in serious danger of encroachment even now? Are these special workers becoming so numerous as to occasion comment, and the sounding of a mild editorial tocsin of alarm? and if so, why is it? We never get a result, without a primary cause, and we seldom have a new departure in the arts or sciences, unless a necessity has arisen for such. The specialist in the true sense of the term is not *created*: he is *made*, evolved, as it were, out of the general practitioner. How can we account for the wonderful progress made in medicine, and particularly in certain fields of surgery, other than as the direct result of specialist work? If, in his efforts to work fully out certain lines, the specialist has lifted in a measure the esoteric veil which the family doctor has been content to keep about him, whose fault is it? If the family doctor possessed that superhuman knowledge and acumen, he would formerly fain have had the world at large believe him to possess, if he were all and in all, equal to all emergencies, then indeed there were nothing left for the specialist to work out; but as physicians, we know this to be untrue. Now, in my humble judgment, you are not quite on the right track. Separate the true specialist from the hobbyist, and when you have done this, make the specialist an honest man.

Two rather difficult things to do, you may say, but after all, not impossible. How can we know one from the other? "Ay, there's the rub," how shall we? Possibly "by their fruits ye shall know them." That there are honest men and women to be found in their ranks, no one will gainsay; and it ought not to be a very difficult task to weed out the dishonest ones, and once found to brand them. The specialist is often accused of insincerity by the family doctor, when he makes a nice diagnosis, cures his case, and afterwards reports it. To illustrate. On my way home from one of the meetings of our State society, where we had just listened to a paper by an aurist, in which he gave a case where an obstinate cough was cured by treating a diseased ear, a brother physician exclaimed, "Yes, every man to his hobby. First we have an aurist tell us how to cure a cough, by treating the ear; an oculist tells how a terrible migraine disappeared on treating the eye; then a gynecologist jumps up and tells us how the repair of a lacerated cervix has restored the health of a chronic invalid;" and, turning to me, "you cure small-pox, cholera, and measles, by treating the rectum, do you not?" Now, although this was said in a bantering tone, it voiced the feelings of too many physicians, who deem it a matter of course, that the specialist soon becomes a hobbyist, believing that the vast majority of ills to which flesh is heir emanate from the organ or organs to which he devotes most of his time. Surely such a criticism is neither fair nor scientific. As homeopaths, we have an immense leverage over the old school, in the fact that whatever line we may be working on, whatever the local treatment we may see fit to adopt, however severe the operation we are called on to perform, our homeopathic remedy, well chosen, has helped, and will continue to help us pull through many a critical case. And yet, as a school, having this additional reason why we should excel, are we open to the criticism that I have heard passed upon us, that as a school claiming advantages over the dominant one, we are not adding our quota to the advancement of medical science. If there be a grain of truth in this, to my mind it is due to the fact, that we have *too few* specialists amongst us, rather than *too many*; for I believe it to be mainly by special work in one chosen line, that great advances are to be made. Generally the most successful specialists are those who find out their adaptation to a certain line of work, after years of general practice; and if they have made no mistake, and are fitted to the work, success is sure to come. The field of medicine and surgery is too large, and embraces too much, to be covered in its entirety by any one of us. Do not, then, the man and woman, who by hard, honest work, giving both time and money to perfect themselves in some chosen branch, who by patient and persistent effort succeed in attracting attention by degrees, after a time making themselves felt as a power and authority in their line, — does not, I say, such a man or woman deserve the good words and encouragement of their brother physicians? Do they always get it? You can answer this in your mind. To reach great eminence as a specialist, a physician should undoubtedly give up general business. This at once removes all suspicion regarding his desire to win over a family sent him, and at the same time places him out of temptation. That all specialists do not do this, is due largely to the fact that the general practitioner, as a rule, does not turn over a case, however incompetent he may feel himself to be in the management thereof, so long as the patient is willing to retain him; so that after all, this honesty problem is a two-edged sword, and cuts both ways. We agree with you perfectly, Mr. Editor, that a skilful, conscientious "family doctor" is one who comes very near the hearts of his patients and families, and one whose place can never be usurped; but we also feel that the earnest specialist should occupy a place equally honored.

Fraternally yours,

F. W. HALSEY, M.D., Boston.

[We think our correspondent will, on a careful re-reading of the objectionable "plea," find that our position stands, in the main, with his own. Given his ideal "specialist," viz., one with a wide preliminary experience in general practice, and one who, on assuming a specialty, explicitly and in good faith abandons general practice, and specialists must always have the warm support of the "family doctor." — ED. GAZETTE.]

GLEANINGS AND TRANSLATIONS.

NUTMEG POISONING. — Dr. W. T. Dodge, of Marlette, Mich., reports the following cases: "In June, 1886, I was called to see two children, a girl about four years of age, and a boy about eight, who had been left at a farmhouse alone all day, and were discovered acting strangely on the return of the family in the evening. An investigation discovered pieces of nutmegs about the house, and the little girl stated that she had eaten one, but had vomited, and that the boy had eaten two. He soon becoming stupid, his parents became alarmed and sent for me. I found him in a semi-comatose condition, and immediately administered an emetic and diffusible stimulants. He vomited freely, but the coma increased until it was soon impossible to give him any thing by the mouth. Hypodermic injections of brandy, ammonia, and small doses of sulph. of atropia were given, and artificial respirations were continued all night, but the little fellow did not rally, and died at an early hour the following morning. There was complete suppression of urine. The little girl became partially unconscious about two hours after the boy was taken, but could be at all times easily aroused, and was all right in the morning. It will be seen that the symptoms were similar to opium poisoning, but there was no opium in the house, and there appeared to be no doubt that the death of one child and the symptoms shown by the other were caused by eating the nutmegs. I think both children would have died, had not the little girl vomited soon after eating." — *Med. Record.*

NEW AND VALUABLE ANTISEPTICS. — Professor Wm. Thomson, F.R.S. (Manchester), has contributed a paper to the British Association on the "Antiseptic Properties of Some Fluorine Compounds." He said that some time ago he was engaged in trying to find a substance which would act as a powerful antiseptic, etc., which was not volatile, and which was not destroyed by oxidation. He tried the effects on flour paste, and on meat chopped into small pieces and mixed with water, of a very large number of chemical compounds, and found that those which had the most remarkable antiseptic properties were the compounds

of fluorine, hydrofluoric acid, the acid and neutral fluorides of sodium, potassium, and ammonium, and the fluosilicates of those bases. Of these compounds, he found sodium fluosilicate to be the one which for its powerful antiseptic and unobjectionable properties was the one which for the general purpose of an antiseptic was perhaps the best suited.

This body was not poisonous, possessed no smell, and was sparingly soluble in water. It had only a very slightly saline taste, and might be therefore employed in preserving food without communicating any taste to it. Many experiments had been made with it for surgical purposes. A saturated solution which contained 0.61 per cent of the salt was not irritating to wounds, while it possessed greater antiseptic power for animal tissues than 1 part of perchloride of mercury in 1,000 of water, which was a stronger solution than that which could be generally employed for surgical purposes without producing poisonous effects.

It was suggested that the antiseptic under consideration might be of great value in sewage irrigation, provided it had no injurious effect on vegetation. Professor Thomson said his own experiments showed that sodium fluosilicate did not destroy grass so rapidly as common salt. He had been told that the substance removed unpleasant smells from the hands, and a solution of it would, therefore, be useful for medical men after performing objectionable operations. Sodium fluosilicate could not be obtained in a concentrated solution. It dissolved slowly, but the small quantity thus obtained was a powerful antiseptic and deodorizer. — *Scientific American*.

ALUM FOR BAD WATER. — The use of alum to clear muddy water has long been known, but Professor Leeds, in the course of an investigation on an outbreak of typhoid fever at Mount Holly, discovered another value in the use of alum, which, if his observation proves correct, may be very important. He found that the water which was supplied to the inhabitants of Mount Holly was swarming with bacteria, about fifteen drops being capable of forming 8,100 colonies of these microscopic vegetal germs when spread upon a suitable surface. He tried the experiment of adding a minute amount of alum to this water in the proportion of only half a grain to a gallon, and found that not only was the dirt and coloring matter precipitated, but that instead of the same quantity of water containing 8,100 colonies of bacteria, it contained only 80, and these were all of a large form.

On filtering the water through two thicknesses of filtering paper, he found that the filtered water contained no bacteria,

but was "as sterile as if it had been subject to prolonged boiling." This amount of alum is too small to be evident to the taste, and is not harmful to health. If his observations shall remain unrefuted, they may form a valuable method of purifying polluted drinking water. Of course it does not follow that, because bacteria are removed, therefore the obscure cause of diseases due to impure drinking water is also removed; but bacteria and these diseases appear to be coincident, even if not linked almost as cause and effect, according to modern theories, and it is not too much to hope that, if the bacteria are removed, the virus of these diseases will be removed with them. — *Public Ledger; Scientific American.*

GRAVITY AS AN EXPECTORANT.— In cases of pneumonia, where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously three or four times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not aided by gravity. Life has been saved by repeated performances of this manoeuvre in pneumonia accompanied with great cyanosis due to inundation of the bronchial tubes with mucous secretion. It, of course, will have no effect on the exudate in the vesicles. Gravity is of value in a similar way in emptying the lungs of mucus during etherization. — *Poly-clinic; Nashville Journal.*

A SIMPLE METHOD OF DISLODGING IMPACTED GALL-STONES.— Lawson Tait describes the following simple procedure, which he has used in one case successfully. It consists in passing a fine needle through the wall of the intestine from below (that is, from the empty part of the intestine) into the gall-stone. The stone is thus easily and immediately split up into fragments, and passes readily along the intestine, and the grave complication of opening the intestine is rendered unnecessary. The operation is, in fact, little more than an exploratory incision. — *Lancet; Medical News.*

AMERICANS IMPROVING IN PHYSIQUE.— Edward Atkinson has been examining the records in ready-made clothing establishments to discover whether the white man in the United States is deteriorating in size and weight. As the general result, it

was found that the average height of New Englanders is five feet eight and one-half inches, and of Southerners five feet ten inches. The average weight of Americans is between one hundred and fifty-five and one hundred and sixty pounds. Mr. Atkinson also discovered that the average height and weight of men in this country have increased perceptibly since the war. He is convinced that Americans are increasing rather than decreasing in size.—*Philadelphia Times; Medical Register.*

REMOVAL OF FOREIGN BODIES FROM THE NOSE.—Dr. E. M. Holland, in the "Medical World," says that the mode of procedure has proven uniformly successful in his practice. The child sitting upright on its mother's lap is asked to open its mouth. The doctor then places his index finger on the outside of the child's nose over the right nostril, and places his mouth over that of the child, and makes firm pressure with the fingers on the nose, to prevent the escape of air through that nostril. Consequently the pressure of air is behind the foreign body, when he gives a quick, hard blow, with his lips closed firmly over the child's mouth. The substance will fly out of the child's nose with considerable force. "No prodding and punching with hook, etc., and not the least pain whatever."—*N.Y. Med. Times.*

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE regular meeting of the Society was held at No. 5 Park Street, Thursday evening, March 1, 1888, the President, F. C. Richardson, M.D., in the chair.

The records of the last meeting were read and approved.

The censors reporting favorably, Charles S. Mack, M.D., Boston, and H. J. Little, M.D., South Scituate, were elected members of the Society.

The amendment proposed by Dr. I. T. Talbot at the last meeting was passed, and the following in Article IV. of the By-Laws is to be omitted: "After election the candidate shall sign the Constitution and By-Laws before becoming a member."

On motion of Dr. Talbot, it was also voted that "All members duly elected shall be members without signing the By-Laws."

SCIENTIFIC SESSION.—Dr. Horace Packard demonstrated some very interesting pathological specimens, including two large uterine fibroids recently successfully removed.

Dr. C. Wesselhoeft read a very interesting paper on "The Present Relation of the Two Schools of Medicine."

A very animated and interesting discussion followed; the general opinion being that the only object of the other school was to destroy our identity. Many instances were given to show the feeling against homœopathy. Dr. Talbot spoke of the origin of the feeling that caused the expulsion of the homœopaths from the Massachusetts Medical Society, showing that at first it was simply a matter of "dog in the manger" with one who had nothing to gain by the action. Dr. Talbot also showed how this very action was a stimulus to homœopathy, and helped it along. Dr. Phillips spoke of the overtures that had been made to him by the old school. Dr. Woodvine thought that the present generation was growing more liberal, and that sooner or later the right must prevail. Dr. Webb gave an interesting incident in her practice, where superstition decided in favor of homœopathy. Drs. J. Heber Smith, Krebs, and Boothby also spoke at length. Dr. French of Lawrence thought that in the country there was not the same intensity of feeling that is found in the city, and told of being asked to lecture to an old-school training school for nurses.

Dr. Talbot spoke of the recent pressure that was brought to bear on Mr. Murdock of the Murdock Hospital to make him put out the homœopaths, which he refused to do; and referred to correspondence of Dr. H. O. Marcy and Albert L. Murdock in recent numbers of the Boston "Medical and Surgical Journal." The meeting was then adjourned.

W. J. WINN, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

PROCEEDINGS OF THE TWENTY-THIRD ANNUAL SESSION OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.
1887. 303 pp.

Few volumes which have this year made their way to our table are richer in evidences of pains-taking work, and in sound thought tersely expressed, than this record of the Ohio Society's work at its meeting at Cleveland in June last. The report of every bureau is worth reading, and the tasks set to each seem to have been executed heartily and thoroughly; one notes little that is perfunctory either in papers or discussions. The work of the bureau of insanity is especially interesting, and the discussion which followed its report showed a habit of philosophical thought on the part of the participants which suggests a high standard of general culture.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY AT ITS TWENTY-FIRST ANNUAL MEETING. Portland: B. Thurston & Co. 1888. 104 pp.

The first published volume of the transactions of the Maine Society is exceedingly creditable to that body. Beside the records of business, there is the President's address, which is concise, sensible, and rings with the enthusiasm which is one of the primary conditions of success; and there are also some sixteen short and practical papers, most of which relate to therapeutics, as should be the case with the work of homœopathic societies everywhere. We trust the volume may have many successors to continue its worthy work.

MEDICAL AND SURGICAL LECTURES ON THE DISEASES OF WOMEN. By R. Ludlam, M.D. Sixth edition. Chicago: Halsey Bros. 1888. 1093 pp.

Aside from the standard works on materia medica and practice, there are no works which rank more assuredly as classics, with the homœopathic practitioner, than do Helmuth's "Surgery" and Ludlam's "Diseases of Women." The latter is now in its sixth edition, and shows many evidences of recent careful revision. For the benefit of the physicians — though we trust such are few — not already conversant with the work, we may state that the subject is treated in a series of clinical lectures, sixty-four in number, with an introductory lecture which is a new feature of the present edition. These lectures present all the characteristic and practical aspects of the diseases under consideration, including treatment, in an easy and interesting style, which readily maintains without fatiguing the attention. The innovations of the present volume deal chiefly with surgical procedures, as the operations for perineal and cervical lacerations and ovariectomy. The pathology of ovarian tumors is somewhat exhaustively discussed. Records of clinical cases frequently illustrate points under consideration, and to those not privileged to attend the lectures, will prove most interesting and useful. It is obvious that the gynecologist of to-day must be an accomplished surgeon, mechanical interference of a surgical sort being so largely relied upon in modern gynecology; but in spite of Professor Ludlam's known predilection for the use of the knife, his discussion of the matter of treatment is admirably conservative and impartial. If, however, criticism were to be made, it would be in the direction of the rather brief indications for remedies here given, which might, we think, be extended with profit, though every thing set down is suggestive and valuable.

The book is substantially and attractively bound, but we are

forced to add that the press-work is hardly of corresponding excellence. No homœopathist's library can afford to be without Dr. Ludlam's representative work on one of the most important subjects in the domain of medicine.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. Perkins, M.D. Philadelphia: F. E. Boericke. 1888. 180 pp.

The general plan of this little work is almost identical with that of Bell's "Therapeutics of Diarrhœa," Allen's "Intermittent Fever," and Minton's "Uterine Therapeutics;" that is, the symptoms of homœopathic remedies for rheumatism arranged under anatomical divisions,—"Neck and Back," "Superior Extremities," etc., with addenda headed "Accompaniments,"—have been abstracted from leading works on materia medica, and brought together into a snug volume, for quick consultation. A hundred and five remedies are thus epitomized, and a repertory of nearly seventy pages completes the volume. Its merits are obvious and considerable; its faults those of most works of its kind, viz., lack of authority for the hosts of symptoms given, many of which, it is to be feared, have no reason for being, other than age and survival of long repetition. Such volumes are unquestionably and frequently a convenience, however, and the present one will doubtless become popular. The press-work is excellent, and the general appearance of the book attractive.

THE PRACTITIONER'S GUIDE TO URINARY ANALYSIS. By Clifford Mitchell, A.B., M.D. Second edition. Chicago: Gross & Delbridge. 1888. 188 pp.

Dr. Mitchell's little book already ranks with the standard works on the qualitative, quantitative, chemical, and microscopical analysis of urine. Explicit and detailed instruction on these points, together with hints as to the clinical significance of discoveries thus made, make up the substance of the admirably practical volume. No space is given to theory, and all the teachings have borne the test of much experience. Dr. Mitchell is both an observer and a thinker; and, as a working manual for every-day service, his book has few peers. It is presented in attractive form.

A MATERIA MEDICA, CONTAINING PROVINGS AND CLINICAL VERIFICATIONS OF NOSODES AND MORBIFIC PRODUCTS. By Samuel Swan, M.D. New York: printed by Pusey & Co. 1888. 121 pp.

We find here offered to the profession, in all apparent seriousness, the pathogeneses (*sic*) of *saccharum lactis*, seven hun-

dred and eighty-five symptoms; of *lac caninum*, thirteen hundred and twenty-one symptoms; and a fragmentary proving of *trifolium pratense*, consisting of about twenty symptoms. Portions of these records have already, at various former dates, been laid before a wondering world; and by being given in full, and gathered into a single volume, they apparently gain nothing, unless it be in concentrated absurdity. The symptom of page 16, which reads, "nausea for smothering to eat," is a very fair sample of the style and sense of this completely stupefying volume. If it be objected that this symptom was probably intended to read a trifle differently, it is replied that in the eye of reason that would hold good of every other symptom in the book; and there is something in the sound of the phrase delightfully suggestive of the probable state of mind of any individual who would seriously enter upon the chronicling of symptoms obtained from *sac. lac. 10 M.* On the principle of wondering what bug will eat the bug that eats the potato-bug, the unregenerate will lose themselves in conjecture as to what substance can be inert enough to be used as the *menstruum* in potentizing such an absolutely inert substance as *sac. lac.*

The concise and candid preface tells us that this first fascicle is sent forth as a "feeler;" if it meets a "long-felt want" its publication will be continued; if not, this issue "will be the first and the last."

Now, in a certain sense, it does meet a long-felt want. Ours is a sad profession at times, and any thing so unique in the line of a joke,—so purely and professionally funny, as one may say,—cannot be without its humorous mission. But this long-felt want, we hasten to add, is quite sufficiently met by the issue of a single fascicle. It will be many, many years before we have so thoroughly exhausted all its drolleries as to feel like calling for more. And meantime Dr. Swan ought to ponder Dr. Holmes's moral tale of the humorist who killed his friends with laughter, and beware how in future he "dares to be as funny as he can."

DOCTOR AND PATIENT. By S. Weir Mitchell, M.D. Philadelphia: J. B. Lippincott Co., 1888. 177 pp.

Dr. Mitchell illustrates anew in this little book, his own axiom that "a man may be master of many trades, and passed master of one." "Passed master" he unquestionably is, in that specialty, his work in which has revolutionized medical theory and practice in two hemispheres; and "master" he is, in many walks of literature, from delightfully imaginative fairy-tales for children, through essays and fiction, up to fine and genuinely poetical verse. His present volume is of a semi-pro-

fessional sort,—what Holmes might call “medicated essays:” charmingly informal talks on such themes as “Convalescence,” “Nervousness, and its Influence on Character,” “The Moral Management of Sick Children,” and others of like sort. They are full of keen and delicate observation, and most helpful suggestion; and the paper on “Convalescence” is a prose idyl, abounding in beautiful phrases. It is one of the books the reading of which widens one’s horizon, and familiarity with whose thought will ennoble a physician’s conception of his noble craft.

It is odd, and it is almost painful, to note here and there the limitations of a mind so exceptionally catholic as Dr. Mitchell’s,—limitations which startlingly appear in his chance allusions, for instance, to homœopathy, and to the higher education of women. It seems incredible that such a thinker can ask in seriousness what, if woman suffrage become a fact, could be done in a household where the wife was for free trade and the husband for protection, and not grasp the possibility of matters adjusting themselves somewhat as they do in a household where the wife is an Episcopalian and the husband a Unitarian, or where the wife is devoted to Dickens and the husband to Howells.

AN ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. New York: William Wood & Co. 1888. Fascicles I. and II.

The scope of this work, as indicated in its prospectus, and illustrated in the two fascicles now before us, is encyclopædic. In addition to the plates of venereal and skin diseases, and intended as a means of differential diagnosis, are promised plates of the eruptive fevers, rubeola, scarlatina, erysipelas, etc., an immensely valuable inclusion. The plates will be selected from the collections of a great number of celebrated dermatologists and syphilographers; as Drs. Hutchinson of London, Ricord and Vidal of Paris, Piffard of New York, and others. The publishers also announce having purchased the exclusive right to reproduce the illustrations from the atlases now in course of publication of Drs. Kaposi and Neumann of Vienna. There will be an accompanying text, commentative and explanatory, written by Dr. Morrow. Such announcements speak for themselves. It needs no insisting, that a five minutes’ study of a thoroughly accurate, colored plate will do more to aid a practitioner in the diagnosis of any given disease of the skin, than hours of poring over a textual description of it.

The fascicles already received are magnificent specimens of the bookmaker’s art, and when complete the work promises to be a *volume de luxe*, as well as a quite inestimably valuable presentation of its highly interesting subject.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, A.M., M.D. New York: D. Appleton & Co., 1888. 633 pp.

The chief claim to originality made by Dr. Shoemaker for his carefully-prepared treatise is in the matter of treatment, where he presents "a statement of the relative effects and values of numerous agents" tested in his own "many years of clinical experience in the treatment of skin diseases." Many suggestions in this department will be of interest and use to the homœopathic as well as to the allopathic practitioner, since Dr. Shoemaker, like all progressive medical teachers, dwells largely on constitutional treatment, diet, and hygiene. His observations on the extreme usefulness of cod-liver oil in diseases of the skin, are well worth study. He considers it so valuable an agent, as to recommend, in cases where it cannot be assimilated in the usual manner, its administration by injection into the loose cellular tissue of the back. The work, as a whole, is so exhaustive in its scope, and so concise in its phraseology, as to set it among the foremost of its class for the use of the student. The illustrations are numerous and well studied, the colored plates being notably fine, and the press-work is altogether admirable.

THE YEAR-BOOK OF TREATMENT FOR 1887. Philadelphia: Lea Brothers & Co., 1888. 336 pp.

The "Year-Book" makes its always welcome appearance, and among the contributors to its present issue numbers no less than twenty-one well-known physicians and surgeons. All advances in medicine and surgery are noted, explained, and commented on, under the headings of the specialties to which they relate. The attitude of the commentators is in every case an impartial one, and pros and cons are fully given. One remarks that this year's progress has been less by brilliant innovations than by patient and exact investigation into and extension of discoveries already made. The little book is similar in style to its well-known predecessors. Its value is unquestionable.

THE NEW YORK MEDICAL JOURNAL VISITING LIST, AND COMPLETE ACCOUNT BOOK. New York: D. Appleton & Co., 1888. 157 pp. Prepared by Charles H. Shears, A.M., M.D.

This little volume differs from others of its sort in that it permits the somewhat exhaustive keeping of the physician's accounts within the limits of a visiting-list. Its plan is thus outlined:—

"Each page is arranged for the accounts of three patients, to

the number of thirty-one visits each, which may have been made during a current month, or may extend over a number of months, according to the frequency of the visits. By this means the necessity for writing a patient's name at each visit, and for searching through several closely-written pages to ascertain how many visits have been made, is obviated. Arrangement is made for three hundred and seventy-five accounts."

It can be commenced at any time. It is presented in durable and attractive form.

IN the March issue of the *POPULAR SCIENCE MONTHLY*, the contributions on "The Antechamber of Consciousness" by Francis Speir, Jr., on "Curious Facts of Inheritance," and on "Our Ice Supply and its Dangers" by T. M. Prudden, M.D., will commend themselves at once to the interest of physicians. The papers offered are twelve in all, and deal with a wide variety of subjects. New York: D. Appleton & Co.

THE *CENTURY* for March has a vividly interesting account from the pen of Capt. Frank E. Moran, of the "Escape from Libby Prison." Mr. Roosevelt furnishes a paper on "The Home Ranch," to which there are many spirited illustrations. In the Life of Lincoln the biographers have reached the dramatic moment of the "Call to Arms;" and among the poems Edith Thomas's "A Far Cry to Heaven" stands easily first with the "Miltonic stateliness" of its noble lines. New York: The Century Company.

BOOKS AND PAMPHLETS RECEIVED.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER. By William Boericke, M.D., and Willis A. Dewey, M.D. Philadelphia: F. E. Boericke, Hahnemann Publishing House, 1888.

LECTURES ON DISEASES OF THE HEART. By Alonzo Clark, M.D., LL.D. New York: E. B. Treat, 1887.

MISCELLANY.

THACKERAY'S VIEWS OF DEATH. — I don't pity anybody who leaves the world, not even a fair young girl in her prime; I pity those remaining. On her journey, if it please God to send her, depend on it there's no cause for grief; that's but an earthly condition. Out of our stormy life, and brought nearer the Divine light and warmth, there must be a serene climate. Can't you fancy sailing into the calm? Would you care about going on the voyage, but for the dear souls left on the other shore? But we sha'n't be parted from them, no doubt, though they are from us. Add a little more intelligence to that which we possess even as we are, and why shouldn't we be with our friends though ever so far off? . . . Why, presently, the body removed, shouldn't we personally be anywhere at will, — properties of creation, like the electric some-

thing (spark is it?) that thrills all around the globe simultaneously; and if round the globe, why not *Ueberall*? and the body being removed or elsewhere disposed of and developed, sorrow and its opposite, crime and the reverse, ease and disease, desire and dislike, etc., go along with the body; a lucid intelligence remains, a perception ubiquitous. — *Thackeray's Letters in Scribner's*.

COUNSEL (to witness). — "You say, madam, that you were a member of the household at the time of the defendant's birth?"

WITNESS. — "Yes, sir."

COUNSEL. — "And were in the house at that time?"

WITNESS. — "Yes, sir."

COUNSEL. — "You can swear to that positively? Remember, you are upon oath!"

WITNESS. — "Yes, sir."

COUNSEL (with a look at the jury). — "What proof can you offer that you were present when the defendant was born?"

WITNESS. — "I'm his mother." — *Puck*.

ADULTERATION of flour by means of potato-flour may be detected by means of acids. Take a spoonful, and pour upon it a little nitric acid; if the flour be of wheat, it will be changed to an orange yellow; if wholly of potato-flour, the color would not be altered, but the flour formed into a tenacious jelly; if therefore the flour be adulterated with potato-flour, it will not be difficult to decide. Again, take a spoonful of the flour, and pour upon it a little muriatic acid; if the flour be of pure wheat, it will be changed to a deep violet color without odor; but if potato-flour be mixed in it, it will have an odor like that of rushes. — *Scientific American*.

GALL-STONES. — Dr. Robert H. Sabin says that gall-stones are formed only in an acid condition of the system, and that the preventive treatment consists in rendering the system alkaline as indicated by the alkalinity of the urine. This change is effectually and cheaply brought about with bicarbonate of sodium. To himself, a subject of gall-stones, and to others, he administered a tea-spoonful of the drug in a tumblerful of water drank at intervals during the day. — *Maryland Medical Journal*.

ROBINSON. — What was the amount of your doctor's bill, Dumley?

DUMLEY. — I paid him two hundred dollars.

ROBINSON. — Two hundred dollars! That's too much.

DUMLEY. — He saved my life, you know.

ROBINSON. — Yes, I know he saved your life. But two hundred dollars, Dumley! That's too much. — *New York Sun*.

"Your wife is in a very critical condition, and I think some specialist should be called in for consultation upon the case."

"There, now, doctor, I was right again. I told my wife long ago she ought to have proper medical treatment, but she thought you might be offended." — *Boston Journal of Health*.

LAWYER (in a hoarse whisper). — "Doctor, I've got such a cold this morning that I can't speak the truth." DOCTOR (sympathetically). — "I'm glad it isn't any thing to interfere with your business." — *Boston Herald*.

MRS. DE BUFFINGTON says her husband suffered from suffusion into the plural, but the doctors drew off the water with an exasperator, and now he is incandescent. — *Weekly Medical Review*.

PERSONAL AND NEWS ITEMS.

THE AMERICAN INSTITUTE SESSION. — PRELIMINARY NOTICE.

THE American Institute of Homœopathy will convene in its forty-first session and celebrate its forty-fourth anniversary at the International Hotel, Niagara Falls, N.Y., commencing Monday evening, June 25, and closing Friday noon, June 29.

The local committee of arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The committee on railroad fares expects to secure reduced rates over all the trunk lines and branches. Full particulars of hotel and railroad rates will be announced hereafter.

Among the general subjects to be considered during the session, may be mentioned the following: "Results from Homœopathic Medication;" "Provings and Verifications of Provings of Zincum Met. and its Salts;" "Indications for Zincum in Nervous and Uterine Diseases;" "Surgery of the Intestinal Tract;" "Operation upon the Gall-Bladder;" "Accidental Complications of Gestation;" "Uterine Therapeutics;" "Nervous Diseases of Infancy and Early Life;" "Acute Inflammation of the Eye, Ear, and Throat, and their Consequences;" "Influence of External Agents in Causing Disease;" "The Relation of Nutrition to Nervous and Mental Disorders," etc.

Reports of great interest will be presented upon the subjects of "Statistics of Homœopathy;" "Pharmacy;" "Drug Provings;" "Medical Education;" "Medical Legislation;" "Medical Literature;" "The Colleges," etc.

Any member of the Institute engaged in the preparation of a paper, and who has not already reported its title to the appropriate bureau chairman, should do so at once. Papers should be completed at the earliest possible day, and those likely to consume more than fifteen minutes in reading should be accompanied by an abstract. (See Article VII. Section 11 of the By-laws; also see Resolution adopted July 1, 1887, *Transactions*, p. 848.)

It is very desirable that all requests for statistical and other information, sent out by Dr. T. F. Smith of New York, Chairman of the Bureau of Organization, Registration, and Statistics, should be responded to *without the usual delay*,—a delay that always makes it difficult for him to complete his report in time for presentation to the Institute.

Any physician having special knowledge of the life, labors, and character of any Institute member who may have died during the year commencing July 1, 1887, will confer a favor by communicating with Dr. Henry D. Paine, the necrologist, No. 134 Madison Avenue, New York.

Each State, or inter-State, Society is entitled to be represented at the session by two delegates, and one additional delegate for every twenty members; each county or local society by one delegate; also each hospital, asylum, dispensary, and journal; each college two delegates, to constitute the Inter-collegiate Committee of the Institute. It is not necessary that delegates be members of the Institute; they are entitled, however, to all the privileges of membership, except voting and eligibility to office.

The "sectional" plan of scientific work, inaugurated last year, proved a step in the right direction, and the committee having the matter in charge is working earnestly to improve and perfect it. Under the operation of the new method last year, while the aggregate text of the essays was diminished, the amount of "discussion" was increased about sixty per cent, requiring for its publication ninety-four closely printed pages of the *Transactions*. The *quality*, also, was of a higher order than heretofore. Under the improvements likely to be instituted this year, it is reasonable to anticipate a session successful, in some respects, beyond all precedent.

It is suggested that in those States and localities in which the Institute membership is small, the officers of the State and local societies should provide for a canvass of their respective districts for the purpose of increasing their representation in the national society. Especially should the "active members" of local societies be induced to identify themselves with the Institute and its work. The terms of membership are, initiation fee \$2; annual dues \$5. Blank applications for membership may be obtained by addressing the undersigned.

The General Secretary's circular, including the entire programme, will be issued some three weeks prior to the session. Full details will be furnished to all the homœopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY, M.D., *General Secretary*,
South-west Corner Fifteenth and Master Streets, Philadelphia, Penn.

CHARLES R. HUNT, M.D., class '87 Boston University School of Medicine, has located at New Bedford, Mass.

DR. C. E. PERKINS has succeeded Dr. F. R. Sibley at Warren, Mass.

DR. AMELIA A. PORTER has removed from Great Barrington, Mass., to Waterbury, Conn.

DR. ISABEL G. WESTON, class '87, Boston University School of Medicine, having completed her term of service as one of the internes at the Massachusetts Homœopathic Hospital, has settled in Natick, Mass.

DR. A. C. PEALE of the Government Geological Survey, in a paper read before the American Climatological Association last June said: "I know of but one *lithia water* in which the analysis shows enough lithia proportionally to entitle it to a *distinct* and separate place on my scheme of classification; that one is from the Londonderry Lithia Spring of New Hampshire.

"In the others the amount is *relatively small*, and very frequently consists only of *traces*."

This accounts for the wonderful results obtained by using this well-known water. When Dr. W. H. Morse wrote, "The therapy of *lithia* is the therapy of Londonderry Lithia," he unconsciously admitted the law of "*similia*," because the proving of *lithium carb.* bristles with symptoms analogous to those he admits in his able paper in the "Medical Age" were "speedily cured by Londonderry Lithia." Law or no law, the leading lights in the profession recognize the facts, and are working wonderful cures with the assistance of this popular lithia water.

OBITUARY.

HENRY B. CLARKE, M.D., of New Bedford, Mass., died suddenly at Coronado Beach, Southern California, probably of apoplexy, at the age of sixty years. Dr. Clarke was born in Scranton, R.I., on Oct. 18, 1827. He was the son of Dr. Peleg Clarke, one of the founders of the Rhode Island Medical Society, and one of the first physicians of that State to adopt homœopathy. Dr. H. B. Clarke graduated from the Homœopathic Medical College of Pennsylvania in the class of 1852, and was one of its most distinguished and esteemed members. He began practice in New Bedford, the first ten years associated with Dr. Daniel Wilder, and for more than thirty-five years devoted himself untiringly to the duties of an extensive practice in that city. About a year ago he had the premonitory symptoms of the disease which terminated his life, but after a time he improved so much that he attributed his trouble to brain-fag, and thought that a change of climate and surroundings would entirely restore him to health. For this purpose he went to Southern California, and soon felt so much better that he again entered upon professional work there, with a result which followed only too soon.

Dr. Clarke was a man of unusual culture and extensive reading. Liberal in his views, with warm sympathies, and courteous in his manners, he early secured a large circle of friends, and his great professional skill and judgment gave him an extensive practice. He was widely and honorably known in the profession. For nine years he has been a senior in the American Institute of Homœopathy, and has held many important positions in that body. He was one of the charter members of the Massachusetts Homœopathic Medical Society, and was its president in 1870-71. He served as professor of clinical medicine in Boston University School of Medicine for several years, and many of the early graduates remember the clear and practical instruction they received from him. His presence will be sadly missed in our society meetings, and in the various associations with which he has been connected. The New Bedford "Mercury" says of him:—

"He took special interest in the cause of education, and for nine years did faithful service as a member of the school committee. He took an active and practical interest in public affairs, and was ever ready to aid any cause of genuine reform. He did his own thinking, and no one was ever left in doubt as to his opinions upon any question in science, politics, or religion. In social life Dr. Clarke was a favorite; full of genial humor, and of winning manners and address; and hosts of friends will recall memories of his instructive and charming talk."

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New-England Medical Gazette.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,
Boston, Mass.

EDITORIAL.

—♦—
THE RECENT NEWSPAPER VICTORY.

THE English press controversy between allopathy and homœopathy, which raged a few months ago with unprecedented fury, and which was closed by the "Times" editorial with a summing-up in favor of homœopathy which left its adversaries aghast, and itself, even, somewhat amazed, is an event of really historic importance. It originated in the excitement over the attempt — noted in our April issue — to boycott Mr. Kenneth Millican by his bigoted fellow-workers on the staff of the Jubilee Hospital, South Kensington, because Mr. Millican was known to be on the staff of another hospital working in harmony and courtesy with gentlemen known to practise homœopathically. It began with a letter written to the "Times" by Lord Grimthorpe, a friend and supporter of homœopathy. This letter was promptly answered by certain distinguished "regulars;" the "Times" threw open its columns to the discussion; prominent newspapers all over the country followed its example; and the result, as our esteemed contemporary, the "World," puts it, was a "most complete threshing-out of the subject of homœopathy." The fact that the "Thunderer" set the seal of its august approval on the right of the homœopathist to practise after the dictates of his therapeutic conscience marks an epoch in the march of English public opinion, and will forever lend to homœopathy a certain prestige in the eyes of a very influential, if not

notably intellectual, class of English society. Our English *confrères*, worthily led by Dr. Dudgeon, have fought a very noble fight, and their reward has happily been as immediate as it cannot fail to prove permanent.

Dr. Holmes once said, — though doubtless with little thought that it could ever be quoted in favor of his *bête noire*, homœopathy, — that “he whom ‘Punch’ caricatures is a power in the land.” It is worthy of note that “Punch” celebrates the present controversy in a rather long and very amusing poem, appropriately illustrated. The few lines summarizing the situation are worth quoting.

“THE GREAT FIGHT

“Between the ‘Game Globule’ (Grimthorpe’s Novice) and the ‘Pharmacopeian Pet,’ ex-Champion Heavy Weight, Holder of the Allopathic Belt, etc., etc. A Tale of the ‘Times,’ retold in (more or less) Homeric Verse.

“Muse, sing of the merriest mill, between two pugilistical rivals,
That yet has been seen in the ring, in this season of fistic revivals!
Don’t warble of SMITH and KILRAIN, or of SULLIVAN, known as the
‘Sluggier,’

Their sets-to compared with *this* one are mere samples of tame hugger-mugger.

The tale is a tough one to tell, it needs some such a muse as MACAULAY’S.
The gallant and genial GRIMTHORPE — himself a rare dab with his
‘mawleys,’

Got up this true sporting affair, he’s the bravest and boldest of backers,
The lads that he got in the ring were a couple of regular crackers.
The ‘Pharmacopeian Pet’ — *seniores priores* — a veteran,
Has got lots of fight in him yet, for a big ‘un you’ll scarce find a better ‘un,
True he of late runs to flesh, is a trifle too beefy and lumpy,
And lovers of ‘science’ may deem that his style’s rather flashy and jumpy;
But he still has ‘a damaging right,’ so his backers at least are persuaded,
And quick ‘knocking out,’ his pet tactics, by weight and his inches are
aided.

In fact, he’s a sort of a SULLIVAN, gassy and rather vain-glorious,
Full of disdain for his foeman, and cocksure of being victorious.
GRIMTHORPE’S ‘Game Globule,’ *au contraire*, is rather a light-weight at
present,

But quick on his pins as a cat, with a ‘left’ far too hot to be pleasant,
As promptly the P. P. discovered; the P. P. of course forced the fighting;
He hasn’t got much of a guard, so he goes in for rushing and smiting.
His ‘mug’ wore a confident smile, which some might esteem a bit bounce-
able;

These big ‘uns are apt to be cocky, but even a Titan is trounceable.

P. P. will nurse the delusion that Novices such as our G. G.

'Ain't never no good.' 'Let him come,' cried P. P., 'and I'll knock him to Fiji!'

And then the 'Game Globule' *did* come, and faced him of the Pharmacopeia

With steadiness, stoutness, and skill of which P. P. had scarce an idea.

To Fiji he would *not* be sent, and that fact gave the P. P. the fidgets;

And he landed the P. P. to-rights, and he dodged his redoubtable digits."

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EDITORIAL NOTES AND COMMENTS.

THE SUBJECT OF THE CASTRATION OF CRIMINALS, both as a direct punishment for crime, and as a means of reducing the numbers of the lowest and most hopelessly criminal classes, is growing in importance from a tentatively-expressed theory to a serious and living issue. Our esteemed contemporary "The Medical Era" has from time to time raised its voice in able plea for some such measure; and in a recent issue of "The Medical News," Dr. Evarts of Cincinnati has a somewhat exhaustive and very interesting paper on the subject. His conclusions, after detailed discussion of the premises on which they are based, are summarized as follows:—

"Let us examine its promising features a little more closely, and in detail. For purposes of intimidation it presents features second only in degree of repulsiveness and terrifying power to the death penalty itself. Multitudes of men derive nearly all conscious pleasure from the indulgence of sexual appetites, and hence regard such indulgence as the chief end of being, or value of existence. The loss of sexual ability, as a token of manhood, as well as a source of exquisite enjoyment, would be contemplated with abhorrence, and avoided, if possible, by all sane men.

"For purposes of reformation, it presents features more promising than any other known method, because it is in accordance with the great facts recognized by science,—that all feelings, desires, purposes, and, consequently, all conduct, is definitely related to antecedent relations of living mechanisms, and may be permanently modified by permanent modifications of such mechanisms or organs. Other methods—'moral instruction' of convicts in prison, etc.—are too slow and uncertain for practical purposes.

"But the most important of all the features of this proposition to asexualize all constitutionally depraved convicts, is that which promises surely, however slowly, to diminish the number of the defective classes of society

by limiting, to the extent of its application, the reproductive capability of such classes. For this purpose it has no practicable competitor. It is in the line of nature's suggestion, aiding 'natural selection' by destroying the procreative capabilities of the 'unfit,' instead of, as we are now doing, carefully preserving them by public benefactions from their own tendencies to dissolution, and complacently permitting them to multiply and accumulate by unrestricted reproduction."

How much such a measure as this is needed, on all three of the above counts, — intimidation, reformation, and far-reaching and fundamental prevention, — need not be urged on any student of sociology. On the score of intimidation: since no measure less drastic can be counted on to bring to pause the slave of the appetite which, as Dr. Evarts points out, is directly or indirectly the motive power of an immense per cent of the crimes of homicide, suicide, embezzlement, etc., as well as of those more obviously associated with it. Of reformation: since to remove the source of temptation is absolute safeguard against crime. And on the score of prevention: since no problem of dealing with a single generation of criminals can strike the reformer so aghast and hopeless as the thought of the swarming multiplication of beings, whose depraved inheritance signs for them at birth, one may almost say, the warrant of a violent death, and of shame and sorrow brought by them on others, all the downward way to that death. Any legitimate form of punishment so far-reaching and final in its effects as the castration of criminals, must then command the serious study of the philanthropist, the sociologist, and, by no means least, of the profession whose approval or condemnation of such a measure as the one referred to, will doubtless, in final appeal, determine its adoption or otherwise by the legislators of the land.

A KINDLY TRIBUTE TO HOMŒOPATHY is found in a late number of a periodical whose general attitude is not exactly favorable to the newer school of medicine. The periodical referred to is our esteemed New-York contemporary "The Medical Record;" and the paragraph in question is from an editorial treating of "Professional Visits." After relating one or two anecdotes of the fabulous number of visits possible to be made

in twenty-four hours, — notably one amazing California claim of a hundred visits and four confinements attended to, in this limited allowance of time, — the "Record" concludes, and quite justly as we think, that, as a rule, hardly more than thirty visits daily can be made with justice to patients, and then adds, —

"It has been related that certain physicians in this city have habitually made forty to sixty visits daily; but inquiry has shown that the story is false, or the physicians have been homœopaths."

Since we cannot suspect the "Record" of any invidious intent in noting the above, and since doubtless, like all our allopathic contemporaries, it yearns, in any question where old and new school practice are concerned, to reach only the truth, the whole truth, and nothing but the truth, we would suggest two explanations of the fact which it apparently advances as inexplicable. First, that homœopaths in any given city may make more calls, in a day, than their allopathic *confrères*, because more patients desire their services. And second, the homœopathist may find it possible to make shorter, and therefore more calls than the allopathist, because, as a rule, the homœopathist finds his patient improved, on a second visit, under the medicines given on the preceding day, and not suffering the consequences of those medicines in addition to those of the disease; and therefore laborious re-making of diagnostic theories can be dispensed with day by day. These facts, taken in conjunction, may serve to explain the antecedent fact so kindly chronicled by the "Record," that the physicians who, in New York, can truthfully claim to "make forty to sixty visits daily, have been homœopaths."

A COMMENT AND AN INQUIRY to which we gladly give space are contained in the following communication from an esteemed correspondent :—

EDITOR NEW-ENGLAND MEDICAL GAZETTE.

Dear Sir,—In the GAZETTE for March, 1886, p. 124, the statement is made to the effect that Dr. Hughes recommends *col. 30* in biliary and renal calculi. Now, in his Pharmacodynamics, 4th edition, p. 344, he speaks strongly in favor of the use of *calc. carb. 30* in those troubles, using the words quoted by your contributor. This is apparently an error of the types that

may mislead some anxious young physician. Would it not be well to make the correction?

I would like to ask if Dr. Hughes's statement has ever been verified. I tried the remedy in a case of renal calculus, but was compelled to use morphia hypodermically. Perhaps others have been more successful in its use.

Yours, etc.,

J. S. BISHOP.

ORANGE, MASS.

It was our intention to make, in the present issue, formal correction of the error pointed out by our correspondent, and express our regret therefor. In answer to his inquiry, we would say that to the best of our belief, there are few, if any, references to the usefulness of *calc. carb.* in the troubles referred to, outside of Dr. Hughes's own work. We should be glad to hear from any of our contributors, who have made experiments with the remedy in this connection. We admit that our own opinions are of the most conservative order, and we should rather be tempted to quote approvingly certain less sanguine utterances of Dr. Hughes, as where he says ("Manual of Therapeutics," II. p. 250), "It might fairly be doubted whether homœopathy had any thing to say to such a condition; as the difficulty is mechanical, and the pain inseparable from the presence of the grains or concretions of solid matter."

COMMUNICATIONS.

A FEW NOTES ON *STICTA PULMONARIA* (LUNGWORT LICHEN).

BY J. C. FAHNESTOCK, M.D., PIQUA, OHIO.

STICTA PULMONARIA acts prominently upon the mucous coats of the respiratory tracts, setting up a condition simulating an acute catarrh. In studying the action of this too often overlooked remedy, we find quite a number of remedies which are somewhat analogous to it in action; viz., *aco.*, *dulc.*, *gel.*, *mer.*, *puls.*, *rumex*, *sang.*, and *sulph.*

In this brief paper I wish to make a few comparisons, and to state a few verifications of the remedy, thus contributing my mite toward giving it a stated place in the *materia medica*. In the mental sphere, *sticta* produces a confused condition of mind, and sometimes, it may be, hysterical symptoms.

The mental symptoms differ from *aconite*, in that the latter produces great anxiety and restlessness.

Dulc. also produces a confused condition ; but the patient is easily made angry, with an inclination to scold ; is quarrelsome.

Gel. produces drowsiness, languor, disposition to be quiet ; wants to be let alone.

Mer. may have a weak memory from a general debility, generally accompanied with copious sweating. The patient is morose, answers questions slowly, or talks very rapidly, especially when becoming irritable.

Puls. has the gentle, yielding disposition, and aggravations of all troubles in the evening.

Sticta also has an evening aggravation, with its *dulled sensibility* ; the feeling which obtains just after taking cold.

Cases requiring *rumex* are generally low-spirited, and want to be let alone.

Aggravation comes on when lying down in the evening, and from cold air.

Sang. produces a moroseness ; irritability, don't want any one near, wants every thing quiet.

I have given a very brief outline of the mental symptoms produced by the above-named remedies ; but I believe them to be of great importance in all cases. I always strive to get the mental symptoms, and the time of aggravation.

When cases are presented to me with a complaint of pressure at root of nose, with or without a tingling in nostrils, with evening aggravation, it is my experience that *sticta* cures promptly.

It is in just such cases where it produces almost miraculous cures, when most physicians would give *aconite*.

As a general rule, we do not find the restless anxiety of *aconite*, but a dulness, in cases just contracting colds, catarrh, or influenza. We find in Burdick's proving of *sticta* the following symptoms :—

“Constant need to blow nose without discharge.”

“Feeling of fulness and heavy pressure at root of nose ; tingling in right side of nose ; loss of smell.”

“Excessive and painful dryness of mucous membrane.”

From these symptoms we get a clear picture, and it can be easily seen why this should be such a grand remedy in colds and catarrhal affections.

Going still further, we see the same irritation of the mucous membranes extending into lungs ; and *sticta* has no little effect in controlling the cough in consumptives.

Also cough, simulating whooping-cough. In whooping-cough in its earliest stages it sometimes works wonders.

Sticta produces a *dry* cough. I say a dry cough, for I have

never seen a case benefited where the cough was not dry, — always worse in the evening. The patient cannot lie down for the cough. Tickling in larynx and chest, causing a constant cough. With this constant cough there is the fulness in head and nose, and confused condition of the mind.

Last winter, during a severe epidemic of measles, I used this remedy quite frequently with the most gratifying results.

I could give the report of over twenty-five cases treated successfully, the remedy acting like a "charm." It will stop that fatiguing cough which we often meet in measles, the cough which generally comes on in the evening, preventing sleep.

After taking a few doses of the remedy, the measles will come out; the cough modified, insures rest; that in turn reduces the fever, and brings about a speedy convalescence.

I have never read of this remedy being used in measles, and, being so much pleased with its action, I offer this suggestion, hoping others will test it in like cases, and receive the same benefit.

SYMPTOMS WHICH SHOULD LEAD TO AN IMMEDIATE EXAMINATION OF THE URINE.

BY CLIFFORD MITCHELL, M.D., CHICAGO.

I. RISING at night to urinate; voiding of more urine at night than during the day; pulse of high tension; hypertrophy of left ventricle; epistaxis; recent flatulent dyspepsia; occipital headaches; patient well-preserved and of middle age; patient gouty, uses alcohol in excess, or is victim of lead poisoning. In such cases, or where any of the symptoms exist, collect and measure the twenty-four hours urine, estimate the total solids, phosphoric acid, and urea; test for albumen with delicate tests, look for tube casts and renal epithelium with the microscope. The same should be done also, when the patient wakes with eyelids swollen and partially closed, or one hand swollen; asthma at night on retiring in persons apparently otherwise healthy; nausea, with or without vomiting and especially in elderly people during so-called biliousness, and in convalescence from scarlet fever. Loss of appetite, especially for meat and without indigestion; sour rancid smell in the breath; harsh, dry skin, powdery or even "frosted;" peculiar pallor; muddy complexion, with brownish rings under eyes.

(The above symptoms do not include many of the well-pronounced signs of advanced kidney diseases, but are intended chiefly for help in the early recognition of these disorders.)

II. Pain in the groin, down the spermatic cord, inner side of thigh, anywhere in lower extremities as persistent pain in the

heel or foot. This may be *reflected renal pain*, and the urine should be examined for signs of *renal calculus*, even when no renal colic has been complained of. Look for jagged crystals of uric acid, dumb-bell crystals of calcium oxalate, blood and pus corpuscles in the sediment.

III. Noteworthy increase in the amount of urine voided, such as five to ten pints a day, and, especially in children, with possibly debility, languor, loss of weight, neuralgic and rheumatic pains, moderate degree of thirst. Urine often of pale green color. Note whether the considerable discharge is more or less intermittent, as in *hydro-nephrosis*, or persistent, as in *diabetes insipidus*. If the latter, distinguish from diabetes mellitus, by testing for sugar. If the former, and especially in female disorders, examine for evidences of hydro-nephrosis, looking for enlargement of the kidney, etc.

IV. White, sticky stains on trousers, stockings, or boots; bodily debility, thirst, and frequent desire to urinate. Loss of sexual desire in apparently healthy and robust men. Examine the urine for sugar. It is well also, to test for sugar as a routine precaution in cases where there are cramps in the legs, peculiar neuralgic pains coming on especially after eating, sudden sweats, feelings of great internal bodily heat, nervous irritability, hypochondriasis, disinclination to social pursuits, especially when the intellectual faculties are clear, and in unusually intelligent patients.

V. The urine may be normal in quantity and specific gravity, but pale green in color, micturition frequent and urgent though no great quantity of urine be voided. Burning sensation across loins, with feeling of tightness and dragging round the abdomen, shooting and burning pains in the lower limbs, twitchings of the muscles; feelings of numbness, deadness, and coldness in different parts of the body. Patient generally amiable to those around him, but is himself filled with gloom and forebodings, and excessively hypochondriacal. Bowels irregular. Nervous dyspepsia. Urine to be examined microscopically every day for at least a week, for sediments of calcium oxalate; look particularly in morning urine voided on rising. If dumb-bell crystals of calcium oxalate be found, the condition may lead to renal calculus. (Diagnosis of incipient locomotor ataxy and of syphilitic disease of the spinal cord have been made in cases where the condition was relieved when the patient voided a small concretion of calcium oxalate.)

VI. So-called neurasthenia, nervous prostration or exhaustion, "malaria," general worthlessness, inability to do any thing or make any exertion, indolence, laziness, even though habits are good. Patient irritable, fretful, peevish and discontented

with those around him, but rarely finds fault with himself or is hypochondriacal. May rise at night to void urine, which latter is high-colored and deposits a sediment frequently reddish in color. Constipation, drowsiness, headache, restlessness at night. Examine the urine for sediments of urates and uric acid, especially in patients who lead sedentary lives, spending their time mostly in offices or at home and taking little exercise; who drive or ride in street-cars, but seldom walk. (According to one theory now advanced, uric acid is a substance irritating to the kidneys, and continued elimination of it leads to Bright's disease. Even if there is no sediment in the urine, the total amount of uric acid ought to be estimated.)

VII. Great emaciation; aching rheumatic pains in loins and pelvic regions; dry, harsh skin, with tendency to boils, and ravenous appetite; possibly cataract; polyuria or normal quantity of urine, with high sp. gr.

Estimate the total quantity of phosphoric acid (using uranium nitrate solution), and thus differentiate phosphatic diabetes from diabetes insipidus and azoturia.

Excessive elimination of phosphoric acid, associated with nervous derangements, or with phthisis, is a difficult disorder to control; prognosis unfavorable. Excessive elimination of phosphoric acid running a course like saccharine diabetes, but without sugar or alternating with saccharine diabetes, is more easily managed; prognosis more favorable. *A sediment of earthy phosphates in the urine is not necessarily of any clinical significance whatever, unless the total amount of phosphoric acid in the urine is increased.* This can be ascertained by quantitative analysis only.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

Mitral Incompetence.—Eleanor B—, æt. 20, book-folder; dark, sallow, unhealthy complexion, spare.

March 4, 1882.—Complains of pains in the limbs, and red patches on them; pain in the ankles. Had rheumatic fever at nine years old; tongue furred, bowels regular, appetite good. *Sulph.* 1, gtt. j., t. d.

March 11.—Pains are better in early part of day, worse towards evening. The left ankle is painful in bed at night. Tongue furred, bowels much confined.

Examination.—Cardiac dulness increased. Loud systolic bruit at apex and rest of cardiac area, especially over the left auricular appendix.

Diagnosis. — Mitral regurgitation and dilatation of right side of heart. *Bry.* 3, gtt. j., t. d.

March 25. — The bowels became regular in the course of the next fortnight, but the pains did not much improve.

April 8. — Pain in knees much better; feels better generally. Tongue dirty, bowels regular; has no palpitation except on exertion. Has a ganglion on the wrist. *Bry.* 3, gtt. j.; *ac. benz.* 3x., gtt. j., 3 h. alt.

At the next visit the pains were better, and the ganglion no worse. I repeated the medicine, only giving two-drop doses of *ac. benz.* instead of one drop.

On the 3d of June the ganglion had nearly gone.

On the 17th she first began to complain of heart symptoms, — occasional palpitation. I gave her *digit.* 1, gtt. j., t. d., and in a fortnight she reported herself better. The prescription was repeated.

July 15. — No further improvement. For some years past she has been in the habit of bringing up a little blood, dark, mostly in the morning. Lately (in the last two months), has brought up more, as much as a teaspoonful at a time. Tongue dirty. I now put her on the *iodide of arsenic* for the first time, giving her a grain of the 3x. trituration three times a day.

Aug. 12. — Better; not so much pain in the chest; has spat up a little blood. Rep.

Aug. 26. — Keeping better; less pain; no more blood. Rep.

I am not quite clear as to where this blood came from; as far as I can remember, it was this symptom that led me to give the *iodide* in this case. The improvement was very manifest. However, on the next visit (Sept. 9), she complained of giddiness whilst walking in the street, and pain at the heart in the evening. I gave *digit* 1, gtt. j., t. d., as well as the *iodide*. She did not return for three weeks after this, and was a week without medicine. She felt worse during the week she was without. I repeated the medicines, and she returned in a fortnight complaining of constant pain at the heart. I gave her *naja* 6 in alternation with the *arsen. iod.*, and I have not seen her since.

This is not a very complete or a very striking case, but it does illustrate the action of the medicine, both alone, and in company with others. (JOHN H. CLARKE, M.D.)

Emma F —, æt. 41, needlewoman; dark, sallow, nervous.

May 5, 1883. Has numbness and tingling in right leg, and cramp in right foot; numbness in arm, the lower jaw jerks; she never had any thing like this before. Has great pain in right side of head, and burning at the top; the face flushes; has pain in the back on waking. Has been ailing since last summer, when she had erysipelas and chronic rheumatism. Has had the

numbness a fortnight. Tongue clean, bowels regular, appetite poor, sleep poor; catamenia not more than twice in the last twelve months. Pulse 102, small. Complains of her heart and breath.

Examination. — Thumping first sound, indicative of mitral stenosis, at apex. Lungs; right apex, exaggerated expiration; left apex, breathing feeble. *Ars. iod.* 3x., gr. ij., n. et m.; *ign.* 3, gtt. j., t. d.

May 19. — Her condition has varied; has now pains all about her, pressure at the top of the head; palpitation. *Ars. iod.*, n. et m.; *digit.* 1, gtt. 1, t. d.

June 20. — Better; no pain in left arm, has sparks before the eyes. Rheumatism; pain in the back. Tongue white, bowels much confined. *Spigelia* 3, gtt. j., t. d., was now given, with the *ars. iod.* instead of *digit.*

July 4. — Better. Bowels regular. (I have again and again noticed this effect of *spigelia* in relieving constipation in cardiac patients to whom I was giving it. I have never given it for constipation alone, but I see no reason why it should not be of use; in this case, however, the relief was not permanent.) She has now no sparkles before the eyes, but there is much numbness in right foot and leg. Rep.

July 21. — Yesterday had a bad attack; has felt giddy; breathing is difficult. Has much flatulence coming upwards; bowels confined. I replaced the *spig.* with *lyc.* 6, continuing the *iodide*.

Sept. 25. — Very giddy at times; flatulence bad; catamenia have returned. Rep. The following month she returned, complaining of pain through the left chest, for which she received *bry.* 3, gtt. j., q. d. alone. The next fortnight this pain was better, but she complained of a choking cough rising in the throat, making her sick at times; the cough came suddenly whilst talking. She had numbness down the leg, and the bowels were rather confined. *Bry.* 3, gtt. j.; *lach.* 6, gtt. j., 2 h. alt.

After this she continued in much better health, till January of this year.

Jan. 16, 1884. — For the last fortnight she has had pain round the sacrum, coming between four and five A.M., and preventing sleep after that. She trembles all over; low spirits, pain in side of the head. Tongue white, lips parched. I repeated the last prescription of *bry.* and *lach.*

Jan. 30. — Pain round the back better, but the chest is no better; this comes back when she exerts herself. Has a creeping sensation under the skin.

I now returned again to the iodide, giving it night and morning, and continuing the *lach.* three times a day. The next

report was much more favorable, and the improvement was steady and rapid till she ceased to attend on the 15th of April.

There was a steady improvement both of the heart symptoms and the general condition whilst taking the iodide on the first occasion, though it was never given separately, and therefore the observation was not pure. On the second occasion the improvement was much more decided, and here, as the patient had been taking *lachesis* before, the increased rapidity of the improvement may fairly be attributed to the *iodide*. The case was complicated by climacteric sufferings, but the signs and symptoms of heart-disease were unmistakable.

Mitral Stenosis with Angina. — Emily T——, æt. 43; dark, small; housewife. May 31, 1882. — Has pain in left side and down left arm, has had it for three or four months; it came first eight years ago, then it took the whole side. The pain is constant, and does not depend on exertion. She has palpitation, but only when she exerts herself. She always has a little cough; much expectoration in the morning, none at night; coughing makes the pain bad. She cannot lift her left arm.

Her father died of old age, her mother of consumption when patient was born. Three of her children, and her husband, have died of consumption. Patient's previous health has never been very good, but she has had no severe illnesses. A few months ago she had pain in the right side, with retching, taking the strength out of her like labor-pains.

Tongue white, bowels regular, sleep restless, catamenia ceased three years. She has flushes, has headache at vertex and across eyes. I made a memorandum to examine her heart at her next visit. I gave her *bry.* 3, gtt. j., t. d.

June 4. — Head better; she is a little better generally, but arms and side still very bad. The pain is relieved at times by motion; the arm swells at times. Bowels rather confined. Examination of the heart showed the existence of stenosis of the mitral valve. *Spigelia* 1, gtt. j., t. d.; *sulph.* 3, gr. iij., h. ss.

28th. — Arm not any better, bowels same. I now gave her the *iodide*, two grains three times a day, and this, as generally happens, soon told beneficially on the general health, causing some improvement in the pain.

July 12. — Feeling better generally, pain not quite so bad, breath much the same. Rep.

Feeling better, she did not return for six weeks.

Aug. 23. — Arm has been better, but it is very painful again to-day. Rep.

Sept. 13. — Arm better at times; for a few days it has been bad, it feels cold, aching is continuous. *Naja* 6, gtt. j., 3 h.; *ars. iod.* 3x., gr. ii., n. et m.

The next report was that the arm was much better. This was the last attendance. *Naja* was given again with the *iodide*.

In this case the improvement was initiated by *arsen. iod.* alone, but this did not give complete relief; this was left for *naja* to accomplish.

Mitral Incompetence, Dilatation of Left Auricle, and Hypertrophy of Right Side of the Heart.—Salome B—, æt. 38, single, housekeeper; dark, blue lips. Aug. 30, 1882.—Complains that she feels bad in the morning, can hardly raise herself from her pillow. Two years ago she had “congestion of the liver,” and now she feels just as she did then; she has a heavy pain in the left side, depression of spirits. The pain lies at the chest; she gets no rest; comes over faint, especially on walking. Has headache across the forehead and vertex on waking. Tongue clean, appetite poor, bowels regular, sleep bad; catamenia scanty, regular.

She has never been strong; her mother died of consumption; also one brother and sister. Her father is living, but in poor health.

Examination.—Has scar of ulcerated gland on right side of root of neck. Lungs: apices clear. Heart: apex beat not visible; it is felt in the fifth space, three inches to left of sternum. Vertical dulness begins in the middle of the second space. Transverse dulness at the level of the fourth costal cartilage, extends one inch to the right and three inches to the left of the sternum. In the mitral area is a soft systolic bruit, heard also sometimes in the third space. The second is accentuated, and occasionally reduplicated in the pulmonary area.

I put her on the *iodide* night and morning, and gave her also *digit.* 1, gtt. j., t. d.

The following fortnight (Sept. 13) she attended again. The pain was rather better, and the palpitation was better; but she had taken a cold, and (as is usually the case with her when she takes cold) had lost her voice. I repeated the medicines.

Oct. 4.—Better generally, voice better. She complained, however, that the medicine (*digitalis*) made her ill; it seemed to make her heart beat. The palpitation and pain were worse; has pain between the shoulders. She had had something to upset her during the week. I left off the *digit.*, and gave *ign.* 1x., pil. j., q. d., with the *iodide* instead.

25th.—Not nearly so much pain; less palpitation. She has a sinking sensation sometimes. This was her last attendance. There was a great improvement in her general condition, as well as in the special symptoms. I ascribe the chief share of this to the *iodide*. I am inclined to believe the patient was correct in attributing the aggravation of her symptoms to the

digitalis; and certainly either the omission of this drug, or the substitution of *ignatia* for it, was followed by very marked improvement. (JOHN H. CLARKE, M.D.)

Mitral Stenosis and Incompetence, Hypertrophy of Right Side of Heart; Chronic Congestion of the Lungs with Emphysema. — James W —, æt. 11, schoolboy, rather diminutive, chest distended; looks ill and anxious.

June 27, 1883. — Has been losing flesh and strength for three months, since he had a violent cold and inflammation of the lungs. He has always been subject to chest affections, but before this illness he could run about like other children, though he soon got tired. He has violent palpitation, which sometimes disturbs his sleep; otherwise he sleeps fairly well. Tongue whitish at the sides, bowels fair, appetite varies. He has a slight cough in the morning.

Examination. — Right side of chest more resonant than left, except at apex, which is duller than left. Right back duller than left. Increased vocal resonance and fremitus, generally on right. Breathing feeble at right back and apex. Above the clavicle there are moist sounds, and the breathing is very feeble.

Heart. — Cardiac impulse strong, and spread over a large area; apex beat far to left. A rough bruit in mitral area, followed immediately by a soft bruit. The latter can be traced to the right and upwards, and is lost in a rough bruit heard in the pulmonary and left auricular areas, followed by an accentuated second sound. In the tricuspid area both sounds are heard.

I put him on the iodide night and morning, giving also *phos.* 3, pil. j., t. d. This, like some of the other cases, was not purely cardiac, but partly pulmonary. But as far as my experience goes, the majority of cases are not pure. The leading symptoms in the case were certainly cardiac.

He returned in a fortnight much better, and in a month again still more improved. The loss of flesh and strength had been arrested, and instead he had gained. The next report was not quite so good; he was much troubled with a morning cough. *Bry.* 3, pil. j., t. d., instead of *phos.*, *ars. iod.* being continued. This change made no improvement, and *digit.* 1, gtt. j., t. d., replaced *bry.* the next fortnight. After this he began to improve again. In December he weighed half a pound more than he did in August. This in a growing boy (or rather one who ought to have been growing) was, of course, no real gain; but it was also no loss, and he was losing before coming under treatment. He continued under the same treatment till Feb. 6, when it was reported that he was gaining weight; but an attack of diarrhoea had come on, the breath had become short again,

and he had profuse and offensive night-sweats. I gave him *phos.* 3 and *silic.* 6, and have not heard of him since.

It is most likely he will turn up again, and then I hope to make a thorough examination of his chest, and make the notes of his case more complete. (JOHN H. CLARKE, M.D.)

A CASE OF ACUTE POLIOMYELITIS.

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

THE patient was a boy aged three and a half or four years, bright and active, but of markedly nervous temperament. One of the parents has exhibited indications of a neurotic tendency. The child has within two years had an attack of diphtheria, and within a year a severe membranous croup, from both of which, however, he had fully recovered. While at play he sat for some time on a bank of snow. Three or four days after this exposure, he manifested symptoms of weakness and fatigue with some febrile motion, supposed at the time to indicate an ordinary "cold." On the next morning there was quite suddenly developed complete motor paralysis of the left lower extremity, with paralysis of most of the muscles of the opposite limb. Very soon pain was experienced in both feet, ankles, legs, and knees, most marked on left side; the pain appearing to be rheumatoid in character, but entirely without either local heat, swelling, or redness. Hyperæsthesia very great, so that the slightest touch caused the child to shriek from pain, and any attempt to make passive motion was unbearable. On the second day the hyperæsthesia was decidedly less, but still present. On the following day, the great sensitiveness and pain had subsided, and the power of motion was gradually returning in the left limb; but the right extremity remained for several days completely useless, the foot lying upon its side with every appearance that talipes would result. The paresis, however, gradually disappeared, until at the end of three weeks there was only a dragging of the toes of the left foot in walking. At the present time there is only left a slight weakness of the left leg, and the calf measures about one and a half centimetres less in circumference than its fellow. During the first twenty-four hours there was urinary retention, and no fæcal evacuation for two or three days.

This case is only presented as being from some of its features instructive as to the course and character of the disease. Infantile paralysis is by no means a rare disease, but

the records of the early symptoms, other than motor paralysis, are not very full. In this case the sensory symptoms were so unusually well developed as to be suggestive. It has been suggested by Charcot, and briefly inferred by Ross and other authorities, that the process is irritative, but on the whole it would seem to be generally accepted that the disease is degenerative, and confined to the anterior cornua of the cord. Symptoms of irritation of the posterior cornua have been but occasionally recorded, and but little stress seems to have been placed upon them. It is not expected that this isolated case will go far in evidence, but I desire to place it on record as an item in the series. The constitutional excitement as shown by the malaise and fever would lead us to suspect the inception of a true inflammatory process. The presence at the same time, and in the same region, of motor paralysis and heightened sensation would indicate the possibility of a high grade of inflammation in a segment of the anterior cornua to the extent of destroying motor impulses, while the same process extending in a lesser degree to the posterior cornua produced only irritation of this region, perhaps involving the posterior roots. Should this at any time be demonstrated to be the actual condition, it would cause us to look upon the lesion as more nearly related to central myelitis than has usually been accepted. This view may perhaps be strengthened from the observed fact that *secale* certainly seemed to be of benefit in giving relief, and cutting short the course of the disease. *Secale* was administered from having known it in three instances, where given in full doses and for some time, to have produced the well-known girdle-pain, so intimately related to inflammatory action in the cord. I am free to admit, that had the paralysis been of longer duration, and the atrophy quite pronounced, it would have been a much more typical case, but the diagnosis was made after carefully considering all other presumable conditions. All authorities mention occasional cases which recover completely, and leave no atrophy to mark their previous existence, when the disease has not been of such severity as to destroy the ganglion cells of the anterior horns; such cases must of necessity be brief ones, and in this instance the process appears to have been more than usually equally divided between the anterior and posterior horns.

THE DOCTOR'S CARRIAGE.—The late Dr. Biddle of Philadelphia is alleged to have held peculiar views on the question of the doctor and his carriage. He did his work (and he had a great deal of it to do) entirely on foot. The driving of one horse, he held, is evidence of physical weakness, and the driving of two horses is an indication of mental weakness.—*Medical Age*.

A FEW POINTS IN THE DRESSING OF INFANTS.

BY JOHN J. SHAW, M.D., PLYMOUTH, MASS.

[*Read before the Massachusetts Homoeopathic Medical Society.*]

EVER since the days of that distant relative of ours, before whose tomb Mark Twain wept when he came upon it, in a far-off land, it has been the custom to clothe these bodies of ours in habiliments of varied style and texture.

The amount of clothing worn has depended upon various things.

Among the rude and uncivilized, dress has been largely confined to the adult population. It is not considered by them that children need any clothing, and even among some of the nations of South America, who class themselves as civilized, it is customary for children of the poorer classes, up to twelve or fourteen years of age, to go absolutely unclothed. And even in the frigid North the Esquimaux mother puts no clothing on her infant, carrying it naked in a fur pouch at her back, from which she does not hesitate to draw it forth and expose it in this unprotected condition to a temperature of from twenty-five to thirty degrees below zero, and with no apparent injury to the little one.

Among enlightened nations the dressing of children gradually progressed from a mere matter of utilitarianism until it reached a point of almost pure fancy and ornamentation; and although there has been a re-action from this extreme, yet even now it is not uncommon to see half-clad children trotting along by the side of comfortably dressed mothers. That the matter of dress exercises a large influence on the health and development of a child, cannot be doubted; and it may even be a question whether the savage child's undressed condition does not give him a better chance to reach man's estate, than has the civilized child with all its shirts, bands, waists, petticoats, etc.

As soon as a babe is born, not only its lungs but its skin also assumes those functions which are to continue through life. There would be as much sense in covering up its nose and mouth as there is in covering up its skin to the point of suffocation.

It is as natural for the heart to send the blood to the surface for aëration, as to the lungs; for the oxygen of the air vitalizes the vital current at the surface, as truly as at the latter place.

And again the skin is a depurative organ, and rids itself of the impurities which are thrown to it from the internal system, largely by means of the air which comes in contact with it.

Again, the skin is the organ which must preserve the inter-

nal organs from the effects of external cold ; and in order that it may develop this function, it must be brought into exercise.

It is evident, then, that in dressing the babe, we not only do not need to protect it from the air, but we absolutely must not if we would preserve its health.

The first garment which is usually put on is the belly-band, an article which in its ordinary application is worse than useless.

Tradition has taught the nurse that it must be put on tight, as if there were danger of the child exploding. The effect is like tying down the smith's bellows : one cannot make a good fire. The child's abdomen is its bellows ; with it, it pumps air into the lungs ; and when compressed by a belly-band the infant cannot half breathe, and no doubt a foundation is laid, even at this early age, for pulmonary consumption. Again, by tying down the abdominal muscles and rendering them inactive, their development is retarded, and they are so weakened that a strong tendency to hernia, the very lesion which they are supposed to prevent, is produced.

If belly-bands were thrown to the dogs, — who, however, are wise enough not to use them, — there would doubtless be fewer cases of hernia among our adult population.

Again, the wrapping-up of the bowels in a warm flannel band lowers the resisting forces of the parts, and renders them much more susceptible to changes of weather, and to enteric diseases in consequence. The belly-band, if used at all, should consist of a strip of linen applied loosely to the bowels, merely to protect the dressing of the navel.

As soon as the cord has separated, and the umbilicus is healed and sound, this band should be discarded, and the child allowed full use of its abdominal organs and muscles.

We must remember in this matter, as in all others of dress, the fundamental rule, that clothing must never interfere with any of the organic functions.

The next garment for the babe is the shirt. This should also be made of the softest linen ; in fact, linen is the only material which should ever come in contact with a child's skin. Woollen is altogether out of question, except for outer garments. At the very finest it is harsh and irritating. Every fibre of wool is composed of a series of imbricated epithelial scales, and the twisted and convoluted form of the fibres renders their action on the surface like that of minute claws or beaks. Cotton, with its flat twisted fibre, is not quite equal to the round and straighter fibre of linen, but is far better than woollen. There is no objection to silk, but its expensiveness does not adapt it to ordinary use. There can be no doubt that the fret-

fulness of many a sensitive child is owing simply and solely to its little knit shirts,—the pride of its mother,—and its all-wool belly-bands,—the pride of its grandmother.

These remarks apply always to healthy babes, and often to others. In cases of umbilical hernia, the belly-band may become a necessary evil, and should be used with a piece of tin or zinc sewed into it, to prevent the bowel escaping.

There may be cases, too, in which the child's vitality is at so low an ebb, that the band is necessary to prevent abdominal catarrh. In these cases the band becomes a therapeutic appliance.

The petticoats should not be attached to waist-bands to be pinned tightly about the child's body. All the clothing should be suspended from the shoulders, and should be absolutely loose and unrestricting.

It seems hardly necessary to say that the dresses should be provided with long sleeves, as fashion at the present day does not require the absurdity of bare arms. It is not uncommon, however, to see babes who have passed the period of long dresses, wearing short 'socks reaching perhaps a third of the way to the knee, leaving the legs bare from that point nearly to the body, and being allowed to sit on the floor, exposed to the cold draughts that always will come under the doors. The highly intelligent mother wonders how it gets cold.

If the baby's head is not sufficiently hirsute, it should, if it sleeps in a cold room, be protected by a linen or lace cap.

The napkins should, if possible, be of linen, especially in cases where with cotton it is impossible to keep the babe in other than an irritated condition over the surface exposed to the discharges. And these parts will be found to heal rapidly, and remain in a healthy condition, when linen is substituted for cotton.

Do not crowd any more cloth than is necessary between the child's legs, for it has a strong tendency to make him bow-legged.

To summarize: First, All clothing coming next the skin should be of linen, cotton, or silk. This is especially important where children are troubled with eczema, and many cases will recover by the simple substitution of linen for woollen under-clothing. The same is true of asthmatic children, although undoubtedly from a different cause.

Second, Every part of the body should be absolutely free and unrestricting.

The second point, for the symmetrical development of all parts of the body, and the perfect carrying-on of all the thoracic and abdominal functions, is as much a necessity as the first.

Third, There should be sufficient clothing to insure warmth, and all parts should be properly clad. This does not require that the child should be loaded to an unlimited extent with clothing, but simply that enough should be used to preserve the natural temperature of the skin. And as the cooling process goes on much more rapidly in the extremities, they should, if any difference is made, be clothed more warmly than the body.

Fourth, The clothing should not be so impervious as to prevent the air reaching the skin with sufficient freedom to prevent sweating. The necessity for the proper ventilation of the skin has already been referred to. Of course, all clothing impervious to the air should be rejected. Rubber napkins are not to be thought of, neither should the amount of clothing be such as to exclude the air.

At least once a day the child's skin should be exposed in a state of nudity to the direct action of the air. With ordinarily healthy children this can be done with perfect safety in any temperature, and if practised with care at first will result in the child's seldom having any colds. The number of persons, old and young, who die of lung diseases in this climate, and the fact that such diseases are more often the result of taking cold, as well as the fact that the enteric diseases of infants often result from the same cause, shows the importance of developing the child's power of resisting climatic changes.

This age is pre-eminently an age of hygienic research; and it is pleasant to realize that even the all-powerful goddess of Fashion is now at times disregarded, in order that the smiles of Hygeia may be won.

Hygeia speed the day when belly-bands and bustles, waist-bands and corsets, absurdity and nonsense of all descriptions, shall be discarded forever!

*AN ADDRESS ON HOSPITAL AND DISPENSARY CLINICS,
AND THE ART OF PRESCRIBING.*

BY DR. PROSPER BENDER, BOSTON, MASS.

[*Delivered before the Hahnemannian Society, B. U. S. M., Feb. 9, 1888.*]

MR. PRESIDENT, LADIES AND GENTLEMEN, — I cordially acknowledge the graceful and kindly courtesy which prompted your request that I should deliver an address to you this evening. The task I have undertaken willingly, indeed, though not without some misgivings as to my perfect competence to deal with my subject. It seems to me that some other profes-

sional gentleman of more ability might have been chosen for this interesting occasion ; but of one thing you may rest assured, that I fully appreciate the honor done me, and will endeavor, with whatever measure of success, to meet your legitimate expectations.

You have generously left the choice of subject to myself. This is an advantage I candidly acknowledge. But you must be fully sensible of the difficulty of satisfying one's own taste in presence of the numerous attractive topics, each, though in a different sphere, making a powerful appeal — presenting, as the French say, *un embarras de richesses*. In view, however, of my pleasant relations with many of you at the Dispensary of the Boston University, and considering, also, the importance of clinical work in itself, I have thought it best to take this for my theme. My efforts to deal with this subject effectively will afford opportunities of describing some past experiences in relation to the selection of remedies which, had I enjoyed earlier, must have saved me much needless study, as well as unsatisfactory professional work.

Without further preamble, let me say that I have always felt honored by your presence during my services at the Dispensary, which, voluntary on your part, more deeply affected our sympathies on both sides. It proved to me, that you appreciated the clinical advantages afforded you, and your quick apprehension of my observations and suggestions impressed me gratifyingly. Indeed, there is no more profitable form of practical instruction than hospital and dispensary opportunities ; and allow me to remind you they are seldom available after graduation. While I admit that your training at the University must first be mainly scientific, and also that experience is only valuable when based upon sound principles ; yet to fully understand and intelligently apply the rules of art therein involved, you need a subsequent practical course. If possible, you should attend the daily clinical instructions, and take written notes of the cases coming under notice, that you may compare their features and descriptions with those given in your text-books or in the systematic course by the professors of the University. This will lead to profitable reflection and a familiarization with disease, which is so often protean and puzzling in its forms.

At the clinics you behold disease in all its painful and mysterious manifestations. Its striking and often bewildering developments in various constitutions, affected and modified by abuse of remedies, the violation of the laws of health, long periods of neglect, etc., — are abundantly manifest. You receive, thus, lessons moral as well as intellectual, of the highest value. Your physical faculties also become sharpened and quickened ; eyes,

nose, and ears, all being kept on the *qui vive*. No amount of lecturing, however able and lucid, can teach you to detect the crepitus of a broken bone, the peculiarities of the pulse, the cachexia of the chlorotic or cancerous patient, the hectic flush of phthisis, the gait of the hemiplegic, the fluctuation of an abscess, or the murmur of an impaired cardiac valve. These are things which your fingers must learn to feel, your eyes to see, and your ears to hear. Appeals to the sharpened senses make a quicker, more lasting impression than appeals to the judgment and reason. What you specially need to understand are the every-day cases that fall to a practitioner's lot; and most of these you will meet at the Dispensary.

In all humility, let me revert to my work at the Dispensary. I have essayed there to interpret to you the manifold signs of disease, to teach you promptly to determine the cause, course, and nature of disease, as also its morbid processes, multitudinous phases, with the appropriate treatment, medicinal, hygienic, and dietetic. In other words, I have attempted to supply you with material for thought and reflection, in order to increase your knowledge, and especially to give you such practical hints as I would have greatly valued in my student days, but acquired only after much experience and sifting of the wheat from the chaff.

I hope you will bear with a few further personal remarks on this subject, particularly as they may tend to make our mutual relations still better understood. And first, if you do me the honor of attending the Dispensary during my future service thereat, it shall be my aim to be as interesting and instructive as I can, and even more useful than in the past, if in my power. It is my experience that the teacher is benefited as well as the taught. The solving of difficulties, the illustration of valuable scientific truths, and the recall of precious experience, constitute admirable mental stimulus to the teacher, while affording him that keenest of all moral pleasures, the enjoyment attending the communication of knowledge to his juniors and the honorably ambitious. How gratifying, again, is the thought that such instruction may be made of enormous value to multitudes of our suffering fellow-creatures!

Our calling, ladies and gentlemen, is a very serious one, and I cannot too strongly impress upon you its responsibilities; but there are many privileges to set against those responsibilities. In truth, no occupation presents so many occasions for doing substantial and frequent good as ours. Speaking briefly, you will have opportunities of prolonging, with the help of Providence, valuable lives, and recalling many others from the brink of the grave; while others, again, may be delivered from racking pains

and wasting diseases, by judicious, vigilant treatment, and ample, suitable care. Such benefits conferred, such glorious results achieved, give full compensation for the drawbacks, difficulties, and hardships to which we are often exposed, including the constant uncertainty of our ability to attend any pleasant or festive gathering, or even obtain much-needed rest. There is, moreover, much enjoyment in the close observance of the marvellous phenomena of the human body, its varied, distressed, and improving conditions — its modes of living and dying. With what interest the true physician watches the disturbances of the otherwise evenly balanced condition of healthy people — the many external causes of disease, of a tangible as well as subtle character, wafted about, or permeating the air, or gaining admission through the lungs or stomach! But the most ennobling and encouraging aspect of our profession is that connected with frequent successful struggles with the fell destroyer, and the immense gratification contingent upon the postponement, for however brief a period, of his ultimate conquest.

In our profession, as in all others, there is but one path to excellence and fame; namely, continuous hard work. As a certain German writer says (Goethe, I believe), "Genius is but another name for hard work." Be diligent and persevering in the investigation of all that may help to prolong life and give ease to your fellow-beings. Till your mental ground thoroughly, plough well, and sow good seed, and you will garner a bountiful harvest. Such work will surely bring its own reward, — the gratification of knowledge attained, and the consciousness of greater power and opportunities for usefulness.

The true aim and end of medicine is to cure and lessen the sum of human ills; and I doubt not that all of you are anxiously awaiting the opportunities for the exercise of the skill you have so diligently acquired since you entered this University. The study of *materia medica* may at first prove arid and dull; but you must bring to it all your powers, determined on mastering all necessary knowledge, no less than on learning the best means of its application. We meet daily with men fully equipped for forming an accurate diagnosis and prognosis; but most of them are deplorably deficient when the treatment has to be undertaken. You not only need a good knowledge of the *materia medica* to reach the status of an able physician, but you also need a reflective, analytical mind, so as to be able to apply your learning to the cases before you. It may take years of earnest and laborious application to familiarize you with it, but its assured possession will yield you the highest gratification. With what delight you will reflect that you have repelled the assaults of the grim tyrant for a time, or relieved some poor suf-

ferer from a world of anxiety and pain! And yet I would not assert that the *materia medica* should be "the be-all and end-all" of your attainments; for it is most important that you should be acute and successful in forming a diagnosis, skilful in recognizing etiological factors, and in determining a prognosis. I attach the greatest value to a correct diagnosis, the lack of which I have known to occasion errors in treatment, diet, etc., to lead to the prolongation and aggravation of diseases otherwise controllable, with, in too many cases, the premature loss of life. A physician must know the nature of his work, what he has to do, and the best method of procedure. The true key to success is the careful study of each of your cases, taking down minutely all the symptoms, their modalities, conditions, concomitants, etc., and then seeking for the *simillimum* to the phenomena or symptoms presented by the patient. When that is secured, be certain that a cure will follow, if the case be within the domain of remedial possibilities.

In conversation with some of you present this evening, I have noticed a disposition to practise homœopathy in the way I did in the earlier years of my professional life,—basing my prescriptions upon pathological conditions; and I now deem it my duty to warn you against that course. Such shoals as I have grounded upon, I have known to produce no little dissatisfaction, and have even led some able men to leave our ranks. A bit of my own personal experience may illustrate my meaning. When I began the study of homœopathy, at the earnest solicitation of friends, Hughes' works had just appeared, and they seemed the very works I wanted; but I soon perceived that his recommendations often proved disappointing. At about this time, during the absence of the only homœopathic physician of the place, I was called to attend one of his patients, a child ill of broncho-pneumonia. I carefully read Hughes' works, and prescribed according to his directions, administering aconite first and then phosphorus. But my patient did not improve, when I gave bryonia and tartarus alternately. These medicines, too, failing, I became alarmed, and informed its father, a very intelligent man, that unless allowed to treat the child with blisters, etc., I would discontinue further attendance. To my astonishment he refused, adding, that if I would only study up the case properly,—that is to say, find a medicine to correspond with all the symptoms,—I would cure his child without a resort to medical barbarities. The rebuke seemed severe, and yet I saw some justice in it. I promptly returned to my office, and, after carefully consulting Jahr's Repertory, I handed the parent some ipecac with the remark that, if there were any virtue in Hahnemann's law, it must help the child, and if it did

not, I should drop the case unless permitted to act as I deemed best. Now, imagine my astonishment when, next morning, I found the little patient greatly improved, and soon after she entered into full convalescence.

I heed hardly say that this lesson was not lost, although I admit that even after it I sometimes lapsed into similar old-time habits. Occasionally, with the aid of Hughes, Hempel, and Laurie I made a brilliant cure, but oftener, when moving solely by these lights, failure occurred. Then, beside, I never felt certain that my prescriptions would succeed: now, however, when I have found a remedy which covers the aggregate of symptoms, I can look my patient in the face, and say, "That will help you;" or, "That will cure you," according to the nature of the case. There is comfort, there is gratification, with such conditions, which if you wish to experience, master your *materia medica*. Prescribe according to the totality of the symptoms, whatever the name of the disorder, and all will be well with you and your patients.

It may be wise to remember that you often impart your own confidence to the patient, thus securing the help of any virtue in mind-cure, about which so much has been said of late. Did time permit, I might say something to you on this important subject; for the highest authorities, of whatever school, candidly admit the intimate and mysterious connection between body and mind, the wonderful functions of the brain and nerves in all intelligent action, the closeness and efficiency of their sympathetic relations, with the mischievous action of improper remedies on this fine semi-spiritual mechanism, upon whose healthy operation the intellect and all that is most valuable in life depends. In brief, while discouraging delusion, exaggeration, and all unjustifiable hopes, I would, no matter how appropriate the medicine, enlist the aid of all the faculties calculated to cheer the mind, and encourage normal organic action. The value of healthy, pleasant mental excitement, with due encouragement, should never be overlooked by the physician; and I enjoin you to practise it whenever possible.

Some of you have said to me at the clinics: "The great number of symptoms in some of our cases puzzle us. We search the *materia medica* for a remedy which in its pathogenesis has all the symptoms of the patient, but after hours of study we find ourselves as far off the goal as when we first began our investigation. What is one to do under such circumstances?" I fully sympathize with you in your dilemma, for many a time I have found myself in the same predicament, and do still occasionally. With the view of assisting you I will give you the benefit of years of study, and tell you how I proceed under such

conditions. In summing up a case for which I intend to prescribe, I give most prominence, first, to the etiological factor, whether it be a blow, a shock to the nervous system, or the effects of the elements; second, to abnormal or unusual symptoms (the ordinary symptoms in the course of disease are of no importance in the consideration of a case, but the extraordinary or characteristic ones are, and they generally guide to the right remedy); third, the mental symptoms, depression, irritability, etc.; and fourth, the conditions, aggravations by motions or rest, the return of pain at specified hours or periodically, etc.

Many a brilliant and prompt cure has followed the application of the first therapeutical rule. I believe I can best impress upon your memory its advantages by citing illustrative cases of each kind which I published *in extenso* some time ago. The first is that of a lady, aged sixty, who severely injured her spine in a railway accident, four years previous. She was confined to her bed for more than a year after the accident, but was able now to go about, although under difficulties, for the least movement, even the lifting of her hand to the mouth, excited pain between shoulder-blades and in the neck. Her other symptoms, briefly told, were: cold spot between scapulæ, with chills running up and down the back; dry, teasing cough the moment her head touched the pillow; throbbing in the neck and ears; stiffness in the knees and legs; occasionally severe pains in vertex and occiput; memory impaired; often used the wrong word and the wrong name for objects; diarrhoea from fatigue or excitement; worse in the open air and better in the warm room. *Hypericum* 6 soon relieved her, and after some months she told me she felt "as good as new."

The second case is that of an Englishman, who, a year before consulting me, ruptured a blood-vessel when attempting to lift a heavy weight, since which time he has had bleeding at the lungs, almost daily, especially if he exercised in the least. Symptoms: bruised pain in lower portion of right lung, aggravated by deep breathing and cough; blood dark and clotted. *Arnica* 200 soon helped him, and in the course of a few weeks the hæmoptysis completely disappeared.

My third and last case is one of muscular rheumatism of the left arm and hand, with loss of power and atrophy of the muscles; frequent attacks of bilious vomiting at irregular intervals, accompanied by severe gastralgic pains, compelling the patient to "double up" and to roll about the bed, from the intensity of pain; and severe constipation, no stool except by means of powerful purgatives. He had been under professional treatment for nearly a year, without benefit. After close questioning, I elicited the fact that his trouble was occasioned by his

being out in a drenching rain, one night. Rhus 3 cured him after a short while.

I can recall at this moment several cases of neuralgia, bronchitis, etc., cured by dulcamara, when the patients had been exposed to damp air; attacks of rheumatism from getting the feet wet, cured by rhus, puls., etc. But again, let me beg you to remember that to promptly cure your patient, you must select a medicine which will not only cover the single symptom, but the totality of them.

As regards the second rule, the relative value of symptoms. Every deviation from the standard of health, in mind and body, manifests itself by symptoms, and the aggregate of symptoms constitutes the disease. To cure the disordered human frame, you must find a parallelism between drug symptoms and those of the patient; but every now and then instances arise in practice when the symptoms are so numerous and conflicting that this appears a hopeless task. Perhaps, if our provings were more complete or thorough, we would find all the symptoms under one medicine to correspond with those of the patient; but as our materia medica and repertories stand to-day, they often confuse and bewilder the untutored practitioner, and for that matter, the tutored as well. In such cases, the striking or characteristic symptoms of a remedy must determine your choice, leaving out the ordinary ones in the picture of the case. Each medicine has, besides its ordinary, common symptoms, some characteristic or distinctive effect which is peculiar to it. This characteristic or generic symptom may belong to some other or even several other remedies; and when it does, these medicines are classified in one group. For instance, there is an important group of medicines which has for characteristic great chilliness and sensitiveness to cold air; viz., arsenic, china, hepar, mercurius, natrum mur., sil., etc.: and another group which has the opposite characteristic, over-active circulation, with oppression from heat, and relief in the open air, pulsatilla, lycopodium, etc. In that manner you may limit the number of remedies from which to make your selection. When you desire to differentiate between medicines belonging to one group, a study of the common symptoms assists you in the final selection.

Guernsey says, in his "Obstetrics," p. 292, "The totality of the symptoms will often be indorsed by the characteristic symptom on the side of the patient, and the corresponding 'key-note' on the side of the remedy." And this is exactly what I have repeatedly found. Many a time, owing to my failure to discover the "key-note," I have uselessly prescribed; but the moment I recognized it, a new light dawned upon me, and the results that

followed were satisfactory. But you must not exaggerate the importance of this law ; yet, as I have said, you will frequently find that it will prove a rational guide.

Only the other day a keynote helped me signally. All the symptoms obtained pointed to sepsia, and I was about to prescribe it, when my patient said, "During the existence of that pain in the left ovary, the region becomes very sensitive to the least touch : even the weight of the clothes is painful." This caused me to make further inquiries, when I learned that she could not bear any thing tight about the neck (also sepsia), and always worse after sleep. I then gave lachesis 30 instead, and with the most gratifying results. I remember also succeeding in saving the life of a child which I had given over, its disease being broncho-pneumonia. After expressing my despair of saving the child, the mother remarked, in the midst of her sobs, "There is one strange feature in connection with baby's illness which I have always forgotten to mention. Every time I am putting him back in the crib he wakes up, clutches at my neck, as if fearing to fall." I immediately administered borax 6°, and that child is a healthy boy to-day. I remember also a case of suppressed gout with innumerable symptoms, the principal being a loose evacuation of the bowels every morning at five o'clock, which compelled a hurried movement to the closet. Sulphur given her in varied dilutions cured.

Another unusual symptom, for example, is the intense thirst of acetic acid in dropsy, without the presence of fever ; and an equally peculiar condition belonging to the same remedy, and which illustrates Hahnemann's "alternate action of remedies," is a fever without thirst. Similarly uncommon and striking are the profuse cold sweats of *veratrum album*, while patient complains of internal heat ; the burning skin covered with perspiration, of *aconite* and *opium* ; the irresistible desire to kiss during the menses, of *veratrum* ; the cold hands and feet while the palms and soles are burning, of *ferrum* ; the dread of motion, fearing it may cause the heart to cease acting, of *digitalis* ; or the apprehension that the heart will discontinue its functions unless he keeps moving about, of *gels.* ; the thirst during the chill period of intermittent fever, of *ignatia* ; the aggravation of pain to the slightest touch, but relieved by hard pressure, of *china* ; the impulse to throw himself out of the window every time he approaches one, of *arg. nit.* ;¹ and many more, which a regard for your patience forbids recalling.

As to the third rule, its value is also undoubted, as I have ascertained many a time. I was called a short time ago to a

¹ Twice I have met with this symptom, and both times *arg. nit.* removed it.

case of flooding after miscarriage. I had hardly put more than a few questions to my patient, when she interrupted me, snappishly demanding, "Why don't you give me something to help me, instead of sitting down there asking me all kinds of questions? I have no patience with such a doctor as you." There was no need of further inquiries in this case, as I was sure the other symptoms would call for chamomilla; but for the sake of discipline, as well as to be sure of my prescription, I continued my questions. Soon after taking the medicine the severe pains ceased, and the flow diminished. The next morning my irascible patient desired to know what new opiate I had given her which had acted so satisfactorily, and without any unpleasant after-effects. Now, to illustrate the opposite condition, I may state the case of a patient who consults you with tears in her eyes, and endeavoring to enlist your sympathies, for which pulsatilla is generally the specific; that of the sighing patient full of sorrow, with or without cause, which calls for ignatia; and that of the suicidally-inclined patient, although apparently otherwise well, which requires aurum, etc.

Concerning the fourth rule, the conditions of symptoms, this, too, demands careful consideration. The aggravation or amelioration from motion suggest bryonia and rhus, respectively; but pray remember, that other medicines have those conditions. Then we have medicines which present both features, aggravation at one time from motion, and relief from it at another (china). The bryonia pains are generally worse during motion, but the lumbar pains of that medicine are often better from motion. Rhus is usually better from motion, but some of its lumbar pains are better during repose. The arsenic headache is sometimes relieved by cold, and sometimes by heat. The hour at which a patient experiences an exacerbation is often a prompt and excellent indication for the remedy. I soon cured a case of sciatica last winter, of six months standing, which presented a decided aggravation at 3 A. M., obliging the patient to get up and walk about for relief, with kali. carb. 12. Some of the minor symptoms made me choose that medicine in preference to arsenic, which also has that hour of aggravation of pains. Many a case of neuralgia of the supra-orbital nerve I have cured with nux, when the symptoms recurred every morning, disappearing in the afternoon. Several asthmatic cases I have relieved with arsenic when the spasms returned periodically at 2 A. M. The heat of the bed increasing suffering, or intensifying the itching of eczema, calls for pulsatilla or sulphur; but with the former, the patient feels relieved from bathing in cold water, while with the latter, he is made worse by it. I could continue describing many more such examples, but they are all doubtless familiar to you.

It is possible that in some cases you may be called upon to follow different rules from those above mentioned. Sometimes the symptoms preceding an illness, the anamnesis, such as profuse or scanty menses before conception or the menopause, constitutional taint or idiosyncrasies, may prove the decisive symptom in the ultimate selection of the remedy. It may also be necessary to make the individuality of the patient correspond with the individuality of the remedy. For instance, calcarea carb. to leuco-phlegmatic subjects, graphites to coarse-grained, large-boned women, nux to the plethoric, sulphur to the bilio-lymphatic, ferrum to the pseudo-plethoric, etc. Again, you may have to make allowance for the rule, as also for the exceptional action of medicines. And then again it is often difficult to obtain an accurate picture of a case, where there has been abuse of remedies: it is best under those circumstances to give an antidote,—natr. mur., if quinine has been taken; pulsatilla, if iron; nitric acid or hepar if mercury, etc. If the case does not respond to well-indicated remedies, give a few doses of sulphur or psorinum, and administer once more the *simillimum*.

In support of the several methods enumerated I have facts accomplished in the past and repeated in every-day practice. If you will bear them in mind, your skill as healers of the sick can but increase, and you will become true blessings to your fellows in pain and affliction.

Let me now urge upon you the great importance of obtaining a complete record of your cases, in writing. To record a case well necessitates a good knowledge of human nature, as well as of disease and of the materia medica. According to one of the prominent members of our school, that is the great stumbling-block of practitioners: prescribing is comparatively easy when you have carefully noted down the symptoms. The value of keen discernment, with the power of correctly analyzing or interpreting symptoms as they are uttered by the patient, impresses itself daily upon me with increasing force. As your knowledge of materia medica augments, you will realize that you understand more and more clearly your patient's descriptions of his complaints. Most of you have heard me examine, question, and cross-question patients, so that I need not here repeat the method or formula. You have doubtless noticed how difficult it is at times to avoid putting direct questions, how some patients understate or exaggerate their symptoms for varied reasons, fearing in one case to be thought childish, and in the other that you will not exert yourself sufficiently in their behalf; or they may be unable to describe their feelings correctly. Here we contend with a serious source of mischief.

Patients may tell you they are worse upon motion, and still they will rise and walk about, slowly it is true (*pulsatilla*) ; their skin may be very cold to the touch, and yet they keep throwing off the bed-clothes (*secale*). If we desire prompt and satisfactory cures, we must be on the lookout for all such possibilities. The discerning physician will be able to detect error, and solve what to the unprofessional may seem mysterious : nothing should be considered too trifling to be overlooked, nothing unusual too insignificant to go unnoted. It is by observant habits, by the accumulation of small facts and their due consideration, that the physician becomes acute, industrious, well-informed, and sagacious.

I should also advise you to learn the temper of your patient, his moral and mental habits, that you may enlist the co-operation of other powers beside your medicines. All your faculties must be on the alert in your clinical examinations : you must watch both the objective and the subjective symptoms, their method and manner of progress. Sometimes the expression of the face, as in Bell's paralysis, the fan-like motion of the nostrils, the cyanotic lips, the tortuous, distended temporal arteries, the œdema of the eyelids, will tell the story ; by the sense of hearing you will diagnose between pleurodynia and pleuritis, between an organic and inorganic cardiac soufflé : by smell you will recognize bronchiectasis, and sometimes an impending dissolution ; by touch decide between œdema and changes in the subcutaneous connective tissues (*myx-œdema*), etc.

I doubt not that much of the ground we have traversed this evening has been already gone over by you, with the aid of your distinguished and able professors ; but I hope the reiteration of facts, reflections, and counsels, the products of study and experience in countries wide apart, will help to permanently impress them upon your minds.

I will, before concluding, suggest to you as a means of recreation, as well as social advancement, some pursuit not directly connected with your professional studies, the chief of which, in my humble view or to my taste, stands literature, which, as Sir John Herschel once said, "places its possessor in contact with the best society of every period of history, makes him a denizen of all nations, a contemporary of all ages." And the world never before possessed such abundant, such splendid treasures of literature, — the finest products of all lands. We have a literature admirably calculated to instruct, to refine, to dissipate prejudices, and elevate and expand all intellects, — a blessing both to mind and morals we cannot sufficiently value.

I would also like you to study both or all sides in medicine, to know the reasons for your preference, and the best things our

rivals or opponents can advance in defence of theirs. This discipline must widen your views, and give you strong and intelligent reasons for your final conclusions. It will also give you, from the start, a superiority to the merely one-sided practitioners, who are more numerous, proportionately, in the ranks of the old school.

I beg to thank you for your encouraging attention during the delivery of these short and imperfect notes. I hope the facts and suggestions offered may produce fruit in your minds, and help to increase your attachment to your studies and profession. Ladies and gentlemen, I wish you all success in its practice, and that your sphere of usefulness may extend from year to year, bringing you every blessing, so that when your end draws nigh you may review the past, realizing the aspiration of the poet :

“ Time was when thou, a naked, new-born child,
Alone didst weep, when all around thee smiled.
So live, that, sinking to thy last long sleep,
Thou only smile, while all around thee weep.”

GLEANINGS AND TRANSLATIONS.

HOW TO CHOOSE A DOCTOR. — To be a doctor, one must first be a man ; and a mean man cannot be a good doctor any more than he can be a good minister or a good husband, and a really honest, large and loving man cannot make a poor doctor, no matter what his pet party may be. To have good sense as a doctor, one must have good sense as a man. If your doctor is a nincompoop about other things, you may be sure he is a ninny as to medicine and surgery. If the doctor's office is untidy and vile to smell of, you may be quite certain he will come short of giving good counsel as to health and tidiness of body. If he be clumsy in hitching his horse, you may be sure he is not handy at surgery or midwifery. If he be a great, coarse, blundering fellow, careless of dress, a two-fisted, farmer-looking man, you may be sure he will lack perception of those finer symptoms by which a good doctor is guided. If he slanders brother physicians who profess a different party, you may be sure that he is himself a quack. Good earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with lawyers, ministers, and teachers. The truly good and truly great do not detract from the reputation of others, and they are generous and magnanimous even to rivals. If your doctor flatters you, and humors your lusts and appetites, and helps you out of a bad scrape secretly, without reproof, as if you had done no wrong,

distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. . . . If your doctor tells you how to keep well, that is a good sign. You come to him with the toothache; he gives you creosote and clove-oil for the tooth, and at the same time suggests that you do not wash enough to keep well — that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, especially if he be a settled middle-aged man. If you hear him say, "I once thought so and so, but I was wrong," that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit-trees, mix strawberry-pollen for improved berries, cure chicken-pip, and tinker a trunk-lock, or put a clock in order, all these are so much to his credit. If, further, you love to meet him, the sight of him quickens you, and you are glad to hear him chat, and you know him to be a lovable, sympathetic man — he's the man for your doctor, your confidential friend; find him, trust him. — BEECHER: *Ind. Prac.*; *N. Y. Med. Times*.

OCCLUSION OF THE ŒSOPHAGUS BY A PIECE OF MEAT, RELIEVED BY TRYPSIN, is the subject of a clinical report in the October number of the N. C. "Medical Journal," by Drs. W. H. Bobbitt and K. P. Battle, Jr. The patient was a boy three years old who was suffering from a stricture of the œsophagus, caused by swallowing lye eighteen months before. While eating ham he suddenly choked. All efforts to dislodge the piece of meat by mechanical means were unsuccessful. Finally it was resolved to try the solvent power of trypsin. A solution of thirty grains of Fairchild Bros. & Foster's trypsin, with ten grains bicarbonate of soda to one ounce of water, was given in doses of three-fourth teaspoonful every hour, with the hope that a portion would remain in contact with the meat. The result was most gratifying. The next morning when the child attempted to drink water he swallowed without difficulty, and on vomiting a short time afterwards there were ejected a number of small fibres of the meat. — *Practice*.

RAPID CURE OF A CASE OF ACUTE PLEURISY BY ACONITE. [By Dr. Harmar Smith.] — The following case occurred some years ago, but I have preserved the notes taken at the time.

Captain G——, Ramsgate, æt. about 50. Fine, well-built man. Plethoric habit of body. April 7, 1880. Has been going about London for some days past, in damp weather, house-hunting, and got a severe chill. I visited him at 10.30 A. M.,

when he was suffering from the following symptoms: flushed face, hot dry skin, breathing rapid and difficult, rapid pulse, pleuritic pain in left side of chest, short dry cough aggravating the pain in the side, headache increased by the cough. Unfortunately I did not take the temperature. *Tinct. aconite*, 6 gt. to 4 oz. of water; a dessert-spoonful to be taken every hour. Evening, 9 o'clock, I found him in a profuse perspiration, with complete relief to the symptoms, pain in side and difficulty of breathing quite gone, but still some cough, which aggravates the headache.

Tincture of bryonia 1x.

April 8.—Continues free from pain, but has some dyspeptic symptoms, with a copious deposit of urates. Continue *bryonia*.

10th.—Slight bronchial symptoms, but no return of pleuritic symptoms. *Ipecac* 2x.

13th.—Discharged, cured.

Remarks.—The effect of *aconite* in this case was very rapid and well marked. In less than twelve hours all the symptoms of pleurisy were abolished by its means, and though there were afterwards some bronchial and dyspeptic symptoms, as well as debility, there was not a symptom of pleuritis. The effect of the *aconite* in this case appears to me to be precisely *en rapport* with what I and my older colleagues will remember to have been the result of venesection in well-selected cases of pleurisy and other acute diseases. A case that made an impression upon me that I can never forget was one of acute pericarditis. The patient was pulseless and gasping for breath, the action of heart and lungs appearing to be pretty nearly suspended. I at once took about a pint of blood, and the death-like oppression of the heart and lungs was immediately relieved, and the case eventually did well. It appears to me, from the observation of this and numerous other cases in my allopathic days, that if all our stores of *aconite* were exhausted, and there were no means of procuring more, bleeding would have to arise phoenix-like from its ashes. That is, that the reason that we homeopaths never use the lancet, is not so much that this treatment might not be useful in certain cases, nor that it is not a measure in accordance with the motto on our banner, as that it is unnecessary, seeing that we have in our hands an equally powerful and also much safer therapeutic agent. As I have said this much, I should like to have another opportunity of referring to some of the evils I have seen as the result of bleeding.—*Homœopathic World*.

MINOR POINTS IN SURGERY FROM NUSSBAUM.—Nussbaum, of Munich, in using the thermo-cautery, employs a strip of wood, like a ruler, pierced by one or more holes as desired. This is dipped in ice-water and pressed firmly against the part; the

cautery is then applied through the apertures. By this means bleeding and too extensive burning are prevented. Nussbaum frequently burns deeply into tumors which cannot be removed, causing a contraction and cicatrization of the growth, checking its progress.

In wounds of the cardiac ventricles Nussbaum advises the alternate opening and closing of the external wound four or five times in twenty-four hours. Coagula are thus removed, and fatal decomposition of the blood is prevented.

In parenchymatous bleeding tampons of cotton soaked in peroxide of hydrogen have given excellent results in checking hemorrhage. — *Centralblatt für Chirurgie ; Med. News.*

INDIGO FOR RATTLESNAKE-BITE. — A physician writes in the "Medical and Surgical Reporter:" "The Hon. George Opdyke, mayor of the city of New York during the late war, told me that wet pulverized indigo is a sure and certain cure for the bite of this reptile. I mentioned this to a lady about to start to Florida, in February last, who had occasion to use it. Their colored servant was bitten above the ankle. He tied a bandage tightly above the ankle, and kept on with his work. In the afternoon the foot and leg, to the bandage, were swollen dreadfully. Indigo was applied as a poultice, and the man recovered without other treatment in twenty-four hours." — *Med. Record.*

TOLSTOI'S IDEA OF THE PHYSICIAN. — Tolstor's idea seems to be that the physician should become a kind of devotee, living in tenement-houses on bread and beer, perhaps, teaching those about him how to live properly, and treating their infirmities as they arise.

This is a picturesque view of medical life, but it would be very difficult to put it in practice. The idea that the working-people need sanitary missions is an old one; the idea that they need a charitable medical service is still older, and is practically carried out in all civilized countries. But the idea that the two kinds of work should be done by the doctor alone is certainly new. Medical science, out of Russia at least, is tending more and more to make it possible for the poor to get their treatment free, and to make the treatment of those who have money more expensive. Hence, while Count Tolstor's reflections may apply in his own land, they will hardly do for the United States. The distinguished novelist having no little Tolstor-witches to support, can afford, perhaps, to go, as is his custom, and weed the onions for four hours daily. But the average doctor has personal duties and incumbrances which prevent his indulging in this form of altruism. — *Medical Record.*

SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, corner of Tremont and Boylston Streets, on Wednesday, April 11, 1888.

The meeting was called to order at 11 A.M. by the Vice-President, Joseph W. Hayward, M.D., of Taunton. The President, Dr. Hemenway, was unavoidably absent. The reading of the records of the semi-annual meeting and of the special meeting was dispensed with, as they appear in the Transactions. The records of the meetings of the Executive Committee were read and approved.

NEW MEMBERS.

Drs. Boothby and Winn were appointed to distribute, sort, and count ballots for new members, and reported the following as elected to membership in this Society: Frank L. Newton, M.D., Somerville; Alanson W. Hill, M.D., Lowell; Emma C. Geisse, M.D., Boston; S. H. Blodgett, M.D., Cambridge.

TREASURER'S REPORT.

The Treasurer's report and that of the Auditor were read and accepted.

The Treasurer's report was as follows:

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, in Account with
H. C. CLAPP, M.D., *Treasurer.*

CR.

Cash on hand, April 13, 1887	.	.	.	.	.	\$909 36	
Collected during year 1887-88	.	.	.	.	.	835 00	
							\$1,744 36

DR.

Expenses for year 1887-88	.	.	.	.	.	\$789 57	
Cash in treasury, April 11, 1888	.	.	.	.	.	954 79	
							\$1,744 36

H. C. CLAPP, M.D., *Treasurer.*

AUDITOR'S REPORT.

I have this day examined the books and accounts of H. C. Clapp, Treasurer, and find them properly kept, correctly cast, and vouchers for all disbursements.

A. J. FRENCH, M.D., *Auditor.*

APRIL 11, 1888.

The Committee on Publication reported that owing to delay on the part of the printers, the volume of Transactions would not be ready for distribution until next week.

In the absence of Dr. E. U. Jones of Taunton, chairman of the Bureau of Climatology, no report was made.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

The following papers were read ; the first by the secretary, as Dr. Phillips was confined to the house with illness.

- I. Clinical Observations on the Effects of Londonderry Lithia Water.
L. A. Phillips, M.D.
- II. Clinical Cases: 1. Spinal Irritation ; 2. Ovarian Tumor ; 3. Abdominal Hyperæsthesia. Frederick A. Warner, M.D.

DISCUSSION.

Dr. Lougee spoke of the good results which followed the use of lithia water when he himself was a sufferer from rheumatism and neuralgia. He asked Dr. Warner why he considered the irritation of the vagina as the *prima causa* in case reported. In his practice he considered such cases to have their *origin* in spinal disturbance, and the other troubles as *sequelæ*.

Dr. Warner said the vaginal trouble appeared before any spinal symptoms, and for that reason he considered that the cause of her sufferings.

Dr. French cited the following case as illustrating the law of reflex action. A young man, age thirty, fell on stone step, striking upon the sacral portion of the spine ; he was disabled and confined to his bed, but suffered no pain at seat of injury, but most severe pains in cervical and dorsal regions and around the chest.

Dr. J. Heber Smith said "*actæa racemosa*," which Dr. Warner had used so successfully in his case of spinal irritation, was a favorite remedy with him in such cases ; its marked effect upon the basilar portion of the brain, and the reproductive sphere, rendered it invaluable in all such cases. Stitch-like pain under left mamma he considered a reflex symptom, but one of much value.

Dr. Bennett said he had no confidence in the exhibition of remedies for the cure of ovarian tumors. One positive test for presence of ovarian tumor, and that is, exploratory incision.

Dr. Colby spoke of a case of supposed ovarian tumor, so diagnosed by several reputable surgeons, which disappeared under ether given preparatory to an operation. After the patient came out from under the influence of ether, the tumor again appeared, but was finally dispersed by "moral forces."

Dr. Southwick pleaded for an early operation where the diagnosis was clear, as the adhesions were much less at this time. Cysts in the abdominal cavity are not necessarily ovarian, and may disappear spontaneously.

Drs. Morse and Rand also took part in the discussion.

REPORT OF COMMITTEE ON OBSTETRICS.

Dr. G. R. Southwick, chairman of this bureau, presented the following interesting list of papers.

- I. Case of Locked Twins. S. H. Blodgett, M.D.
- II. Treatment of Convulsions during Pregnancy. George R. Southwick, M.D.
- III. Management of Posterior Position of Occiput in Cranial Presentations with Ineffectual Pains. Walter Wesselhoeft, M.D.
- IV. Clinical Cases. Thomas Dolan, M.D.

DISCUSSION.

Dr. B. F. Church said he could not agree with Dr. Southwick in advising interference with pregnancy at seventh month, where vision is seriously impaired. He believes in *exclusive* milk diet for such cases. He cited two cases recently under his care, which exemplified the value of this treatment.

Case I. — Primipara, seven months pregnant; vision greatly impaired, cannot read paper or distinguish faces; great mental apathy; urine, one and one-half pints in twenty-four hours, albumen and casts in urine. Under milk diet, urine increased, dropsy lessened, and confinement was without convulsions.

Case II. — Pluripara, six months pregnant; vision much impaired; urine albuminous and scanty, containing renal and epithelial casts. Under milk diet, improvement in general and special symptoms, and labor was normal.

Dr. Bennett spoke of the necessity of ophthalmoscopic examination to ascertain the form of retinitis present; if simple albuminuric retinitis, interference with pregnancy is not imperative; if hemorrhagic, artificial induction of labor is demanded.

Dr. J. Heber Smith mentioned the usefulness of the Turkish bath as a method of cure in albuminuria of pregnancy.

Dr. Chamberlain spoke of the Ronchette hot-air bath, as a most efficient aid in these cases.

REPORT OF THE COMMITTEE ON DISEASES OF CHILDREN.

Dr. F. D. Leslie, chairman of this Bureau, presented the following interesting papers, only two of which were read:—

- I. Milk as a Diet for Infants. F. D. Leslie, M.D.
- II. Patent Foods. George Emery Percy, M.D.
- III. Infant Diet in Disease. B. F. Church, M.D.
- IV. Tuberculous Meningitis, with Illustrative Cases. W. H. Stone, M.D.
- V. A Few Points in the Dressing of Infants. J. J. Shaw, M.D.

INTERMISSION.

Lunch was unavoidably delayed until 3 P.M., when an adjournment was made to the Thorndike House, where a most appetizing repast was served, and the opportunity for a "sit-down" meal was thoroughly appreciated.

AFTERNOON SESSION.

Owing to the lateness of the hour, the Bureau of Pædology was dismissed after reading the paper of J. J. Shaw, M.D., the others being read by title.

REPORT OF THE COMMITTEE ON NERVOUS DISEASES.

Dr. N. Emmons Paine, chairman of this Bureau, presented the following papers:—

- I. A Case of Poliomyelitis. By E. P. Colby, M.D.
- II. A Case of Melancholia. By George S. Adams, M.D.
- III. Hæmatoma Auris. By Amos J. Givens, M.D.
- IV. A Case of Epilepsy. By George O. Welch, M.D.
- V. A Case of Aphasia. By N. Emmons Paine, M.D.

ELECTION OF OFFICERS.

H. A. Chase, M.D., chairman of the Committee on Polls, reported the following as officers of the Society for the coming year:—

President, Joseph W. Hayward, M.D., Taunton. Vice-Presidents, James Hedenberg, M.D., Medford; H. A. Houghton, M.D., Charlestown. Corresponding Secretary, J. Wilkinson Clapp, M.D., Brookline. Recording Secretary, Frank C. Richardson, M.D., East Boston. Treasurer, Herbert C. Clapp, M.D., Boston. Librarian, A. J. Baker, M.D., Boston. Censors, H. P. Hemenway, M.D., Somerville; Walter Wesselhoeft, M.D., Cambridge; E. P. Colby, M.D., Wakefield; A. J. French, M.D., Lawrence; J. P. Sutherland, M.D., Boston.

Meeting adjourned at 5.20 P.M.

FREDERICK B. PERCY, M.D., *Recording Secretary.*

*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN
MASSACHUSETTS.*

THE annual meeting of this Society was held at Cooley's Hotel, Springfield, March 21; the President, Dr. O. W. Roberts, in the chair. Records of last meeting, and the report of Treasurer, were read and accepted.

The following officers were elected for the ensuing year: President, Dr. G. H. Wilkins, Palmer; first Vice-President, Dr. H. A. Gibbs, Lee; second Vice-President, Dr. E. L. Mellus, Worcester; Secretary and Treasurer, Dr. G. W. Bates, Springfield; Censors, Drs. W. F. Harding, Westfield, G. F. A. Spencer, Barre, and J. P. Rand, Monson.

Dr. A. E. Willis announced the death of Dr. D. T. Vining of Conway, and spoke in high terms of his ability and character. *Voted*, That the Chair appoint a committee to draught resolutions in memory of the deceased.

The Bureau of Gynecology and Obstetrics, Dr. L. B. Parkhurst, chairman, presented papers as follows:—

Dr. E. L. Mellus of Worcester read a paper on uterine deviations and treatment; giving directions for the use of electricity, which is highly beneficial in many cases. Dr. Peck finds pessaries a necessity in many cases, where shop-girls of limited means have to spend a good deal of the time standing. Dr. Carmichael finds viscum alb. *ix.* one of the best remedies for subinvolution, being sure the womb is supported if necessary. Dr. Tucker finds that while vesical tenesmus may be caused by uterine deviation, yet in some of the cases of most extreme displacement no vesical disturbance existed.

After an hour's intermission for dinner, the meeting was called to order at 2 P.M.

The following report was read and adopted:—

"Whereas, In the course of events we are called to mourn the death of Dr. D. T. Vining of Conway: *Resolved*, That we as a Society would express our sincere regret at this loss to our Society, to the profession of which he was an honored member, and to the community in which he labored. *Resolved*, That these resolutions be entered on the records of this meeting, and a copy of the same be transmitted to the surviving daughter.

"A. E. WILLIS, M.D.,
N. W. RAND, M.D.,
HENRY TUCKER, M.D., } *Committee.*"

Dr. Carmichael reported a case of submucous fibroid tumor. Kreosote was recommended for foetid lochia or leucorrhœa.

Dr. L. B. Parkhurst read a paper on menstrual headache.

Recommends rest at time of menses, and removal of any obstruction to flow. Aconite 1x. is one of the most frequently indicated remedies. Patient is very restless. Pain may be all over the head or any part of it. Apis 3x. for stinging pain about the head and frequent calls to urinate. Gel., pain most intense over the left eye, eyeballs sore; pain all over the body. Pulsatilla for dysmenorrhœa; pain in right side of head relieved by tight bandage.

Sepia, if uterine displacement exists: this remedy or sanguinaria given during the interval will relieve most cases.

After some discussion of the paper, the Society adjourned to meet at same place the third Wednesday in June.

G. H. WILKINS, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER. Arranged and compiled by William Boericke, M.D., and Willis A. Dewey, M.D. Philadelphia: F. E. Boericke, 1888. 303 pp.

This volume will, we are sure, furnish to sincere homœopaths quite conclusive evidence of what has long been with them a growing conviction: that, if the grave of homœopathy is ever to be dug, Schüsslerism will assuredly furnish one of the mortuary tools for that sad operation. It is one of the ironies of a so-called reasonable age, and scientific and self-consistent school of medicine, that homœopathic teachers and practitioners who cry down "empiricism," even to the condemning of the removal of a parasite by mechanical means, or the inducement of artificial repose in the hopeless agonies of cancer, should enroll themselves as supporters of this latest infinitesimal fad of empiricism, the "bio-chemical" administration of tissue salts. We do not wish to be understood as denying any truth to the bio-chemical discovery, or any usefulness to the remedies employed after its teachings; but we do desire to enter our earnest protest against any attempt to drag homœopathy to a most unwilling and ill-assorted marriage with any such theory. Too many of our physicians, whose leisure or inclination has not permitted them exhaustive inquiry into the fundamentals of our system, and who are won by the hints of a royal road to therapeutic success, have already tacitly incorporated Schüsslerism into both their faith and practice: as witness the "published experience of the homœopathic school in the use" of the tissue remedies, as quoted by the editors in their preface to the

present volume. It is both a just and a curious inquiry, why the homœopathic school should be more "experienced" in the "use" of the Schüssler remedies, than in the use of antipyrin, or any other empirical experiment of the sort homœopathy has hitherto consistently ridiculed. Is it because of the employment by Schüssler of a few catch-words, "trituration," and the like, with which homœopathists are familiar? A parlous reason, truly, for abandoning a principle for a phrase, a life-long habit for a specious impulse, a safe highroad for a boggy by-path! Verily the teacher of science has as great need of repetition of and recurrence to the very A B C of his tenets, as has the teacher of morals. It would be imagined, that if anything was, in the homœopathic school, matter of common agreement, it was that homœopathy means, and only means, and invariably means, the administration of remedies according to the axiom *similia similibus curantur*; and the antecedent necessity of reliable recorded provings, on the healthy, of the remedies thus employed. Now, what has Schüsslerism in common with all this? Absolutely, and in the free admission of its supporters, and in the candid declaration of its founder, absolutely nothing. Two of the twelve remedies which compose its *materia medica*, alone have been proved. The other ten can advance, for their use, simply and only the plea of empiricism. When these ten have submitted to the provings with test and counter-test, then they may possess interest for the sincere and consistent homœopathist; and not an hour earlier. If, in the mean time, the homœopathist choose to employ them, on the chance of obtaining results beyond those of the legitimate homœopathic *materia medica*, he has the same justification for doing so, — no more and no less, — that he can plead for the employment of the hypodermic syringe, and the so-called antipyretic. Let him honestly admit this, and no lover of freedom of medical opinion and action can quarrel with him. But to seek to cover such practice with the ægis of homœopathy, is dangerous to pleader and to cause; and to add to an acceptance of Schüsslerism, a theory that "bio-chemistry" is a rational explanation of the homœopathic action, as propounded by that law of Hahnemann, *similia similibus curantur*, is surely to not only bury therapeutic reasonableness, but to seal its sepulchre.

To systematically prove the twelve tissue remedies, were a work well worthy of a homœopathic society, and in the resultant monograph they would for the first time present themselves to the serious consideration of the homœopathist as such. In so far, and only so far, as the homœopathist is sufficiently dissatisfied with our present *materia medica* to travel afield in search of empirical aid, can the tissue remedies interest him now.

SALIENT MATERIA MEDICA AND THERAPAUTICS. By C. L. Cleveland, A.M., M.D. Philadelphia: F. E. Boericke, 1888. 171 pp.

Any intelligent experiments in the way of facilitating the study of materia medica cannot fail of a welcome; and the present volume is a very interesting experiment of this sort. The author's plan is illustrated by his treatment of one hundred and ninety-seven remedies in all; forty-seven of which, the antipsoric remedies of Hahnemann, are treated by themselves at the end of the book. As an instance of Dr. Cleveland's method, we quote the following remedy, reproduced in full, and selected almost at random:—

AMMONIUM CARBONICUM.

- I. **TEMPERAMENT.**—Weak nervous persons of lymphatic or venous temperament; delicate women; scrofulous children; old people; persons with lax fibre.
- II. **LOCATION AND NATURE.**—Right side more than left; liquefaction of blood, promoting putrefaction, hence inducing hemorrhages and great exhaustion.
- III. **OBJECTIVE.**—Desquamation; after scratching the itching portions, burning blisters appear; nose-bleed; vesicles on tongue; gangrenous ulceration of tonsils.
- IV. **CASUAL.**—Insect-stings; scurvy; sedentary habits.
- V. **GENERAL CHARACTERISTICS.**—Extreme sensitiveness to open air; aversion to being washed.
- VI. **AGGRAVATION.**—From eating and in open air.
- VII. **AMELIORATION.**—Warm, dry weather.
- VIII. **THERAPEUTIC RANGE.**—Scarlatina. Affections of the air-passages—catarrh, emphysema, bronchitis, asthma, hydrothorax. Hysteria and hysterical diseases. Menorrhagia. Dysmenorrhœa. Leucorrhœa. Scorbutic affections. Softening of the brain.
- IX. **ADMINISTRATION.**—First to sixth dilution.

CONTRIBUTIONS TO THE STUDY OF THE HEART AND LUNGS. By James R. Leaming, M.D. New York: E. B. Treat, 1887. 300 pp.

This volume is a collection of monographs, most of which have appeared, at different times, in medical journals and the transactions of different medical societies. They are divided into chapters on the respiratory organs, the heart, and miscellaneous subjects having some relevancy to one or the other of these. The points of special interest in these papers are the explanations offered of the mechanism of the respiratory murmurs, and crepitant and other râles; and the important part played by the "residual air" contained in the air vesicles in the production and conduction of these sounds. The views expressed on pulmonary and cardiac sounds and murmurs differ in some respects quite widely from those commonly accepted,

and the arguments brought in support of these views deserve careful consideration. The book, as a whole, while unpretentious, is both readable and suggestive.

THE "MORE EXCELLENT WAY" IN THE PRACTICE OF MEDICINE. By John Climenson Day, M.D. London: E. Gould & Son. 45 pp.

This admirably logical and well-written little pamphlet gives the experience and convictions of an English physician, who, after years of practice in the "rational" school, became convinced both theoretically and clinically that, in medicine, homœopathy is the "more excellent way." His testimony is interesting and convincing, and all homœopaths should familiarize themselves with it. The literary style is excellent, though the too constant use of italics is fatiguing both to the eye and the sense.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. Sixth edition: New York: William Wood & Co., 1888. 758 pp.

This substantial volume, now almost a classic, presents in its sixth edition several novel points of interest. The chapters on goitre and on extra-uterine pregnancy contain much new matter. Those on electricity in gynecology are, in substance, much the same as the article on that subject, recently contributed by Dr. Rockwell to the "System of Gynecology" edited by Dr. Mann. The present volume is a very exhaustive presentation of a subject rapidly growing in professional regard, and will prove helpful to many practitioners now ignorant of the possible uses of electricity in the puzzling cases they find themselves called upon to treat.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY. By R. A. Witthaus, A.M., M.D. Second edition. New York: William Wood & Co., 1888. 294 pp.

The latest addition to Messrs. Wood & Co.'s well-known "pocket manuals" is well adapted to its purpose, which is to offer "teachers of chemistry in medical colleges an aid to systematic quizzing." The chapters are brief, the questions and answers concise and to the point, and the little volume admirably indexed.

THE APRIL CENTURY has the quota of Southern contributions, to which we now look forward, as a matter of course, in every magazine issue. In the present instance "Marse Phil,"

by Page, and a touching and charming sketch, "Two Kentucky Gentlemen of the Old School," by Allen, represent that part of the world. In the "Life of Lincoln," the early days of the war still claim attention. Kennan has another Russian paper; and poems, essays, etc., abound. New York: The Century Co.

IN THE POPULAR SCIENCE MONTHLY for April, physicians will read with much interest the paper on "Hypnotism in Disease and Crime," abridged from the work on "Animal Magnetism," by Binet and Féré. The miracle-mongers of the faith cure and Christian Science schools may ponder with profit the case of the hypnotized subject to whose shoulder an ordinary postage-stamp was affixed, he being told it was a blister; and when the dressing was removed, after twenty hours, "the epidermis in that spot was thickened, dead, and of a yellowish-white color, and surrounded by an intensely red zone." Other papers of professional interest are on "College Athletics and Physical Development," and "The Struggle for Existence." New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

OPHTHALMIC SURGERY. By R. B. Carter, F.R.C.S., and W. A. Frost, F.R.C.S. Philadelphia: Lea Brothers & Co., 1888.

ESSAYS ON HYSTERIA, BRAIN-TUMOR, AND SOME OTHER CASES OF NERVOUS DISEASE. By Mary Putnam Jacobi, M.D. New York and London: G. P. Putnam's Sons, 1888.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. By E. L. Keyes, A.M., M.D. New York: D. Appleton & Co., 1888.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By James Nevins Hyde, A.M., M.D. Philadelphia: Lea Brothers & Co., 1888.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. Fascicles III. and IV. New York: William Wood & Co., 1888.

ODIUM MEDICUM AND HOMŒOPATHY. Reprinted from "The Times," with additions. Edited by J. H. Clarke, M.D. London: The Homœopathic Publishing Company. New York and Philadelphia: Boericke & Tafel.

MISCELLANY.

A MEDICAL writer says that sleeping on the left side favors bronchitis, and sleeping on the right side increases a tendency to constipation, while sleeping on the back produces frightful dreams. It may be healthy enough to sleep standing on the head, but probably the safest plan, in order to retain health, would be not to go to sleep at all. — *Norristown Herald*.

THE PROPER COURSE. — "In case of an accident, doctor, — a broken leg, for instance, — what is best to be done while waiting for a physician?" — "Well," said the doctor, "I think the best thing to be done is to get the money ready for him." — *Puck*.

OUR students go to the Continent, and come back like the Argonauts of old, with tales of wondrous operations, the like of which would never be permitted in this country. Ask them the treatment of typhoid and other diseases, or the details of medicine for the cure of the sick, and they look at you with astonishment. — DR. WILLARD, in *Medical Era*.

LEMON JUICE IN EPISTAXIS. — Genuil has had excellent results in checking epistaxis by first syringing out the nares with cold water and then following this by injecting the nares with lemon-juice; the coagulation of the blood followed promptly. — *Bulletin Général de Thérapeutique; Medical News*.

"I ONLY smoke these cubeb cigarettes for a throat trouble," said Bliibbs. "Well, pretty soon you'll get your throat trouble," replied Bogley. — *Puck*.

PERSONAL AND NEWS ITEMS.

AMERICAN INSTITUTE OF HOMŒOPATHY. — The Bureau of *Materia Medica* chose for their work this year a study of the therapeutics of zincum metallicum and its salts in nervous diseases and in diseases of the uterus and its appendages.

They also decided to make some provings and re-provings of these drugs, for the reason, that, while some of them are highly valued by homœopathic physicians, their combined symptomatology shows a large part of it to be derived from allopathic sources, — cases of poisoning, etc., not reliable provings. To add to the interest and value of the discussions of this Bureau, we appeal to each member of the Institute to make a note of any case in which zincum m. or any of its salts was indicated, the administration of the remedy and its effects, and present it during the discussion at Niagara Falls in June next. Let us all have the benefit of your individual case-books.

A. R. WRIGHT, M.D.,
Chairman Bureau Materia Medica.

THE BROOKLINE HOMŒOPATHIC AID ASSOCIATION, under the presidency of Mrs. J. W. Clapp, gave a very pleasant concert and coffee-party in the Town Hall of Brookline, on Wednesday evening, April 4. The proceeds of the entertainment, as of its two predecessors, are devoted to the maintenance of a free bed in the Massachusetts Homœopathic Hospital. In the concert, several celebrated musicians participated, including Mr. Alfred Hollings, the English pianist, Mr. Kneisel, Mr. Giese, and others. Dancing began after the conclusion of the concert, and continued until a late hour. The occasion was a very pleasant one to all concerned, and reflects great credit on the association.

WE HAVE READ, with interest, a paper on the sanitary condition of the city of Lowell, read before the Hahnemann Club of that city by our esteemed colleague, Dr. F. A. Warner. Dr. Warner's observations show that many hygienic improvements are yet called for, in a city which can show fifty miles of streets where sewers are needed. The paper is timely, and we trust will do good.

AUGUST A. KLEIN, M.D., has removed his office and dwelling to No. 2 Rutland Street, corner of Washington Street, Boston, where he continues to treat eye and ear diseases as a specialty. Telephone, 4475-4.

THE Nineteenth Annual Meeting of the Homœopathic Medical Society of the State of Michigan will be held in the city of Ionia on the 15th and 16th of May next. A large number of papers are promised, and an interesting meeting is expected. — R. B. HOUSE, M.D., *Secretary*.

THE GAZETTE acknowledges with thanks the very interesting report of the last meeting of the New-York State Homœopathic Medical Society. Dr. H. M. Paine of Albany delivered a brief address on Medical Liberality, which was especially timely, and contained many hints worth heeding.

DR. CLARA C. AUSTIN has removed to No. 11 Allston Street, Boston.

DR. LUCY J. PIKE, formerly of Lynn, being much improved in health, has gone to Detroit as assistant to Dr. Phil. Porter of that city.

A COPY of the January, 1883, number of the NEW-ENGLAND MEDICAL GAZETTE is desired to complete a set. Twenty-five cents will be paid for the same, if sent to D. A. H., care Otis Clapp & Son, 10 Park Square, Boston.

THE partnership heretofore existing between Drs. C. D. Clawson and William Coburn of Havana, N.Y., has been dissolved by mutual consent.

THE copartnership existing between William G. Ware, M.D., and F. L. Babcock, M.D., doing business under the name of Drs. Ware and Babcock, at Dedham, was, on the 2d of April, dissolved by mutual consent, F. L. Babcock retiring.

Dr. Ware will continue at his office, No. 15 Walnut Street.

Dr. Babcock has removed to the next house, No. 17 Walnut Street.

THE New-York Society for Medico-Scientific Investigation offers as prizes for drug-proving the sum of fifty dollars, to be divided as follows: twenty-five dollars for the first prize, fifteen dollars for the second prize, and ten dollars for the third prize; the proving committee to have full charge of all details, with power to reject any or all provings which are not of sufficient value. Time limited to May 1, 1889.

Any one desiring to compete for these prizes is requested to communicate with the chairman of the committee, who will state the requirements and furnish the drugs.

E. J. PRATT, M.D., *Chairman*,
12 West 39th Street, New-York City.

DR. L. A. PHILLIPS, having recovered from his recent illness, is now able to resume practice, and can receive patients for diagnosis or operation from this date.

THE HAHNEMANNIAN MONTHLY with its April issue passed from the editorship and proprietorship of Dr. Pemberton Dudley to that of Dr. William B. Van Lennep. The latter has associated with himself in his editorial labors Dr. Clarence Bartlett. The cordial best wishes of his journalistic *confères* follow Dr. Dudley in his regretted retirement, and greet our always esteemed contemporary "The Hahnemannian" under its new management.

CLASSMATES of W. H. Cook and M. H. Clarke of B. U. S. M. are congratulating them on their appointment to the positions respectively of ambulance and house surgeons to the Ward's Island Homœopathic Hospital, New York, for the coming year. In these congratulations THE GAZETTE joins heartily.

THROUGH a friendly note recently received from its dean, Dr. F. F. Casseday, we learn that the Kansas City Hospital College of Medicine, which for six years has given homœopathic in connection with old-school instruction, is re-organized this year as a homœopathic college. The new departure has our warmest wishes for its success.

OBITUARY.

DR. E. C. KNIGHT, formerly of Waterbury, but this last year a resident of Woodbury, Conn., died suddenly on Wednesday, March 21, of paralysis, and was buried at Riverside, Waterbury, Friday, March 23. He had been suffering from kidney-trouble for more than a year. There had been of late a marked improvement in his condition. On Jan. 10, 1854, Dr. Knight became a member of the old Massachusetts Homœopathic Fraternity, and two years later joined the State Society, then in the first year of its existence.

DR. D. P. DEARBORN, aged fifty, a prominent homœopathic physician at Brattleborough, Vt., has lately died after a lingering illness, of Bright's disease. He was born in Sanbornton, N.H., and was a son of Rev. D. Dearborn. He studied medicine at Weirs, N.H., and went into the war as a member of the Fourth New Hampshire Regiment, in which he was surgeon four years. Afterward for one year he was health officer at Raleigh, returning home in 1866. He married Miss Harriet, daughter of the late Nathaniel White of Concord, N.H., who survives him with three children, one son being employed by the Union Pacific Railroad at Omaha, Neb. — *Boston Journal*.

THE
New-England Medical Gazette.

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EDITORIAL.

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A HAPPENING WITH A MORAL.

THE possible, and, under given circumstances, the inevitable, result of public toleration of the modern craze variously and mistakenly called "Christian Science," "Mind Cure," and like unmeaning names, is typically illustrated in the late tragedy at West Medford, which, after serving as the newspaper wonder of the hour, has already passed from memory, with its obvious lesson hardly more than suggested. For those of our readers not *au courant* with New England local news, we may briefly state that the case in question was that of a young multipara, who trusted herself, in her fifth confinement, to the exclusive care of her mother, who was a nominal graduate of some "Christian Science" college. The expulsion of the child was followed by violent hemorrhage, during which the monomaniacal mother ministered only by prayers to her imperilled and agonized daughter: with the natural result that the latter and her newborn infant died before the arrival of the physician who, possibly from tardy terror, was finally summoned. A peculiarity of the case was that the mother, so obviously responsible for her daughter's death, manifested neither grief nor remorse; attributed the fatal result to the "inscrutable decrees of Providence," and expressed her joy that her daughter's death had not been hastened by drugging.

The reflections of any thoughtful mind on such a happening as this, hardly need emphasizing. But a few salient points in such reflections, it may not be amiss to dwell upon. And first, on the utter futility of endeavoring to stop the growth of such a craze as that of which this unhappy young woman was made the victim, by any reasoning with or appeal to those under the dominion of that craze. It is simply a case in which reasoning is as much misplaced, as with the devotee who throws her body under the car of Juggernaut, or flings her children to the crocodile of the Ganges. The point to which resistance to this most mischievous, and too long lightly dealt with monomania can be best directed, is the urging of legislation against quackery of whatever sort. Such legislation has been long sorely needed in Massachusetts, and its need abundantly recognized; and the influence which, combined and well brought to bear, would insure its enactment in a single season, has been withheld through professional jealousy. When, through such jealousy, the hydra-headed monster of charlatanism is allowed not only to grow and batten in our State, but to make the children of our State its victims, then it is time for common-sense, not to say Christianity, to cry professional jealousy halt. There are surely a few fundamental laws, which, without giving undue advantage to any "sect" of medicine, would work to the common advantage of all educated physicians, and build at least some barrier between mania or fraud, and the victims these now sacrifice at will. Such fundamental laws need require only, before license to practise in Massachusetts be given, the exhibition of a diploma from some duly chartered college, whose curriculum is known to embrace all the branches on which the knowledge and practice of reputable physicians are practically identical: as anatomy and physiology, surgery and obstetrics, and the like. To such laws no substantial opposition could be made, and their influence on the safety of the community would be quite incalculable. The truth about "right of choice" in one's medical system is easily seen to include no right to injure one's neighbor; as our laws, while recognizing freedom in religion, yet lay stern hands on the husband who, for religion's sake, makes his home a seraglio, and the father who, for religion's sake, sacrifices his son after the example of Abraham.

Sacrifices not remotely analogous are quite permissible under our disgracefully lax medical laws, as we have just seen evidence. It is a grim joke, that while a reputable physician, in such a case as the one under consideration, would be easily liable to fine and imprisonment for criminal ignorance and malpractice, ignorance has only to shelter itself behind a fanatic theory to make the grip of the law an uncertain, probably a helpless one. It is time the Massachusetts medical profession, as a whole, put away childish things, and faced like men a dangerous problem. By a united endeavor to bring about some such laws as those hinted at, they would benefit the community at large, strengthen public confidence in their sincerity and unselfishness, and reflect honor on themselves as champions of science and of honesty. It is time for "old school" and "new school" to put, at least temporarily, fruitless personal feuds aside, and work together for the general uses which the better elements of both have so dearly at heart.

EDITORIAL NOTES AND COMMENTS.

THE NEARNESS OF THE ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY gives occasion for yet another reminder, of the sort perhaps wearisomely familiar to our readers, that the occasion is again offered for physicians not already connected with our representative national society to take preliminary steps toward becoming so. The Institute is a large and flourishing body, firmly established pecuniarily, substantially useful scientifically; but the Institute is feeble indeed to-day, compared to what it might be if every homœopathic physician in the United States, who could urge no valid reason against connecting himself with it, were to join its ranks at an early date, and thereafter do his honest share, whether in contributing papers, participating in public debate, or in constituting himself an intelligent and enthusiastic listener only, to further the Institute's welfare. The possible objections against any physician's taking this step, conducive alike to his own welfare and that of his hard-working colleagues, are now reduced to a minimum.

The reduction of the entrance fee from five dollars to two dollars robs it of three-fifths of its former terrors. The expenses of travel in reaching the place of meeting from any given point are made exceptionally light ; and, as the place of meeting itself is chosen with reference to intrinsic attractiveness, there is always offered that opportunity for a recreative "outing," of which the average practitioner, at the close of his winter's work, stands genuinely in need, and which so often proves a permanent economy even if an immediate expense. Here, as elsewhere, the proverb holds, "*C'est le premier pas qui coûte.*" Once enrolled a member, the physician is forced by no law to present himself at every annual session ; though doubtless he will find it possible and pleasant to do so far oftener than he at first anticipates. But he will be consciously a unit in a very living whole ; and the life of the whole will consciously and inspiringly supplement his individual life, as student of science, and as healer of the sick. The annual arrival of the "Transactions" will both familiarize him, in the bulk of a single volume, with the best work done by the best workers of his craft, and will spur him on to equally faithful, if less brilliant, work in his own chosen sphere. He will feel the triumphs of homœopathy to be in a far more especial sense his triumphs, for the right to sit in the councils where the records of those triumphs have their widest hearing, and meet their keenest appreciation. And sweetening the realization of all he gains by membership, will be the knowledge, that by membership he also gives a substantial, if unobtrusive, support to the cause dear to him, and does a duty which he cannot feel himself fully faithful to the cause of homœopathy while he leaves undone.

THE DIOGENES OF PUBLIC OPINION, which has so long sought in the ranks of allopathy for an honest man,—by which is meant, in the present instance, a man capable of an entirely honest view of the controversy between the rival schools of medicine,—may now put out his lantern, and return in triumph to his tub, having found that man at last. The name of Mr. Kenneth Millican is, by this time, honorably familiar to our readers, we having taken occasion more than once to commend

his admirable pluck and fair-mindedness, as evidenced in the recent memorable controversy in England, in which his may be said to have been the central figure. A fine example of this fair-mindedness is found in the astonishingly clear, logical, and candid paper on "The Present Position of the Medical Schism," contributed by him to a recent number of "The Nineteenth Century." Such an utterance as this is an offering of sweet savor on the altar of reason; it is, in the blinding storm of prejudice and misunderstanding, a very rainbow, pledging better days to come. Written by a member of the "regular" school, who has obviously no intention of enlisting under any other banners, it yet presents with absolute candor the attitude of the rival schools to-day: searches into the antecedent causes of their positions, and unflinchingly shows the fault of their disunion to lie not in essential incompatibility, but in extraneous bigotry. The paper is so admirably concise, that quotation is difficult, and any attempt at summarization still more so. But we may venture to quote Mr. Millican's own summary, strongly urging at the same time our readers to familiarize themselves with the well-chosen proofs and exceptionally lucid arguments on which this summary is based.

"To summarize: Objections to professional intercourse between the majority of the profession and so-called 'homœopaths' have been based on the following grounds:—

"I. Their special method of treatment depends upon a rule which is an axiomatic absurdity.

"II. They are essentially bound to a *reductio ad absurdum* in the question of dosage.

"III. They claim an exclusive possession of the only true rule of practice.

"IV. They trade upon a separatist designation, and form societies and organizations distinct from and opposed to those of the regular profession, and are thus the originators of a schism.

"On the first two of these grounds it is alleged that professional intercourse must be futile; on the last two, that it is derogatory.

"In reply I have attempted to show,—

"I. That the great authorities amongst the majority admit and prove the said rule *not* to be an axiomatic absurdity, but to some extent true; and that a mere difference of opinion as to the *extent* of its application does not destroy the possibility of an harmonious consultation.

"II. That the *reductio ad absurdum* of dosage is not essential, and consequently cannot be a valid reason for ostracising homœopaths *en masse*;

and, being a question of degree and not of kind, is always open to adjustment.

"III. That the so-called homœopaths do not in theory claim possession of the only true rule of therapeutics, and do not in practice discard other methods, rules, and auxiliaries. That the exclusiveness, if exclusiveness there be, lies with those who practically admit every method and rule *except* the 'law of similars,' which, however, they verbally accept as 'true to some extent.'

"IV. That all those who admit the truth of, and apply in practice, — to whatever extent, — the 'law of similars,' are to that extent *ipso facto* practising 'homœopathy,' and are therefore 'homœopaths.' No exception can, therefore, be justly taken to this appellation, unless it be held also to imply the rejection of all other rules and methods, which it is shown not to do; that the name was conferred, not assumed, at a time when even the partial truth and application of the 'law' was scouted as absurd, and denied; and that the separate organizations were originated at the same time, and solely as a means of self-defence; and, finally, that their present maintenance is excusable, when we consider the fact, — of which ample evidence has been supplied, — that even now, in spite of liberal professions, and an acknowledgment of the partial truth of the homœopathic law by the leaders of the profession, there is still on the part of the rank-and-file a disposition to make its acceptance and application — nay, *even to make association with those who accept or apply it* — a ground of professional ostracism.

"In a discussion in the 'Times' in December of last year, we were told by two of the writers, as certain medical journals never tire of telling us, and as the seceders from the Margaret-Street Infirmary assured us, that the medical profession has long since 'definitively spoken' on the subject. It is just such absurd and pitiable dogmatism as this, which does more harm to the medical profession, than any amount of quackery. On how many subjects has the medical profession yet spoken 'definitively,' in regard to which it has not seen fit to change its opinion in course of time? This attempt to bar appeal, to stop discussion, is a most narrow-minded policy, and one which has proved disastrous in all times to every organization that has tried it."

It is not, of course, imaginable that Mr. Millican's paper will be received with favor by extremists of either school. It is to be expected, that the foster-mother of the faith-cure, Hahne-maniacal homœopathy, will shriek as loudly over the remark that the acceptance of similia does not imply the rejection of all other rules and methods, as will pharmacomaniacal therapeutics over the remark that "quantities are now commonly prescribed," — by the regular school, — "which would, forty years ago, have been regarded as almost equally ridiculous with

those of the homœopaths themselves: witness . . . a single grain of bichloride of mercury dissolved in a pint of water, and a teaspoonful of this solution given each hour, i.e., $\frac{1}{100}$ grain for a dose," . . . etc. But to fanatics, under whatever banner enrolled, Mr. Millican's paper is not addressed. Reason can enter the heads of such, as it is said a joke can be introduced into a Scotchman's, only by a surgical operation. But to conscientious reasoners of both schools, his paper will be of service and of comfort, formulating their own perhaps nebulous convictions, and buttressing them with a wall of proof they lacked time to build for themselves. The fact of such a paper coming from a regular's pen, might infuse optimism into melancholy Jaques himself, hinting, as it does, at the possibility of that far better thing than "fusion" of the warring schools, namely, their courteous, harmonious, and mutually helpful co-operation.

GOOD NEWS FROM OREGON comes to us in a very friendly and entertaining note from our esteemed *confrère*, Dr. Royal. We take pleasure in reproducing his communication in full, feeling sure the cheerful message it brings will breathe good cheer to every one interested in the wide diffusion of the knowledge of homœopathy. Our correspondent is far too modest in his claims for the power of "us of the West." The star of medicine, like that of empire, "westward takes its way" with every passing year; and the East would be poor indeed without the aid of that fresh enthusiasm, that virile energy, that freedom from conventional limitations, which seem to be breathed in with occidental air. Our Oregon co-workers merit, and, we are sure, do not lack, the cordial congratulations and good wishes of New England. We regret that space forbids a full reprint of the excellent programme of the last session of their society. It evidences much interesting work; and the number of papers on materia medica show that the society well recognizes wherein, as homœopathsists, lie our especial strength and our especial duty. And now to let Dr. Royal speak:—

To the Editor of the New-England Gazette.

DEAR DOCTOR,— That this far-off State is growing apace with her more thickly populated eastern sister States, is evidenced by the rapid growth of

homœopathy and all its interests, which are everywhere keeping more than abreast of the times, for they lead the way.

The twelfth annual session of the State Society which has just closed, having been in session May 8, 9, and 10, was one of unusual interest and encouragement, as well as profit, to those attending. You would scarcely expect that we of the West would be able to enlighten you in any respect; yet I am sure that some of our papers read would compare favorably with your society work, notably the papers by Dr. George Wigg on *Spongia Tosta*, and Dr. Pohl on *Tarantula Cubensis*.

A resolution was adopted at our present session, asking the Legislature of the State to consider the results of homœopathic treatment of the insane, and to give homœopathy a share in this work, also to urge the erection, in the future, of more suitable buildings for this purpose. A special committee was appointed to urge this question at the approaching session of the Legislature. I feel confident that we may obtain that for which we ask.

The Portland Hospital, recently organized on a plan similar to the new Methodist Hospital of New York City, and under the control of that Church, has just let the contract for a large hospital to be erected in this city, which is to be completed this season. Our county medical society took the matter in hand some time since, and have secured for homœopaths and their patients every advantage and privilege given to others, including representation on the board of trustees and on the hospital staff; with wards to the extent of their need, medicine, rooms, nurses, etc., all to be under their exclusive control. So please give Portland, Ore., the credit of keeping the interests of homœopathy up to, and even in advance of some, eastern standards.

We also have access for our patients to both of the other city hospitals, with every courtesy extended us which we could ask, save having our names on the hospital staff. Portland with sixty thousand population now has eighteen homœopathic physicians; Salem with five thousand population has three, and other towns in proportion; but there are a number of excellent fields yet open to good men, and I hope that Boston University men and women will not forget this section when looking for a place to settle. Oregon is in many respects the superior of California, destined to be a great State, and offers a most inviting field to young physicians.

Fraternally,

OSMAN ROYAL, M.D.,

Corresponding Secretary Oregon State Homœopathic Medical Society.

NOTES. — Dr. Oehme of Roseburg, Ore. (formerly of Plymouth, Mass.), Dr. Emma J. Welty of this city, Dr. N. J. A. Simons of Waitsburg, W.T., and the writer, are all happy and "doing well."

O. R.

COMMUNICATIONS.

THE ODIUM MEDICUM IN GREAT BRITAIN.

BY GILES F. GOLDSBROUGH, M.D., LONDON, ENG.

"Words, words, words! Lord Grimthorpe announces that he is prepared to support homœopathy. This being the case, it seems a pity that his lordship does not apply the principles to his own correspondence. He gives us plenty of letters before proof. We should prefer proof before letters."—PUNCH, Jan. 7, 1888.

THE above enigmatical passage may serve as an introduction to the present communication. Not that it is quite possible to explain what the writer means, or that it would be profitable to spend ink and paper in attempting to do so. But the train of events which gave him the opportunity of writing the paragraph concerns us intimately. There has been emphatically a war of "words" in progress. Such a war of words in reference to homœopathy and homœopathic practitioners, and having its field of battle, too, in the public press, has never before been known in this country. Lord Grimthorpe has the honor of striking the first blow, therefore let him be introduced to the readers of the GAZETTE. The editor of the "Times" newspaper ably performs this ceremony in a leading article, dated Jan. 4, as follows:—

"Probably there was never a more thoroughly delightful controversialist than Lord Grimthorpe. Whenever he initiates or takes part in a discussion, the judicious reader knows there is going to be fun, and makes up his mind to see the thing through. He may be right, or he may be wrong. Most frequently he is partly one, and partly the other; but he is always interesting, alert, vigorous, and vivacious. It was long ago decided that the pursuit of truth is a more important thing than its actual attainment, and the pursuit is never more entertaining and instructive than when Lord Grimthorpe shows the way. There is, perhaps, an element of surprise about his performances which adds indefinitely to their charm. No man knows the day or the hour or the subject upon which he will burst forth with his racy unconventionality. . . . At present we have to thank him for what a correspondent contemptuously calls 'a tempest in a teaspoon,' and raising thereon a lively discussion upon medical orthodoxy."

If we add to this that Lord Grimthorpe has been long known as a distinguished lawyer and brilliant parliamentary debater, his personality is before us complete.

The facts which gave occasion to the controversy have their origin in the affair of the Margaret-Street Infirmary for consumptives, where Lord Grimthorpe is chairman of the governing body. It will be remembered that a large majority of the medi-

cal staff of this hospital last year resigned office because two of their number, who treated their patients homœopathically, refused so to resign ; and the governing body refused to compel them to do so, though instigated thereto by the doctors opposed to homœopathy. Lord Grimthorpe had thus distinguished himself as a champion of medical liberty before entering upon the present "war of words." Of course, to fill vacancies at Margaret Street, several old-school men were required ; and one of these was a Mr. Kenneth Millican, a surgeon, who had been a few months previously appointed, as well, to what is called the Queen's Jubilee Hospital. This hospital is managed by a committee of eleven members, among which Mr. Millican was one. His acceptance of office at Margaret Street seems to have roused the ire of his fellow-committee-men, some of whose friends, it is likely, were smarting under the defeat of the boycotting clique at Margaret Street. Accordingly they at once began to try the same process upon Mr. Millican as had been tried unsuccessfully at the latter institution, not, be it observed, because he had declared himself a homœopath, but because he had connected himself with an institution where homœopathy was recognized. Mr. Millican very naturally declined to give way to what "he regarded as tyrannical oppression and unmerited censure of himself," whereupon his fellow-committee-men delegated to themselves the duty (!) of suspending him from his office, and appointing a successor. At this wanton injustice, Mr. Millican felt himself aggrieved, and believed he was entitled to legal redress. At least he thought the committee might be restrained in the headlong course they had been pursuing. Hence he proceeded in the ordinary course of law, and his action was tried in one of the high courts of justice in December last. The judge decided in Mr. Millican's favor, using some very strong language in condemnation of the action of the committee. "Any thing more contrary to decency and rules of law could not well be conceived." "For them to take the law into their own hands, was a flagrant and palpable abuse of their office." "A more extraordinary and improper proceeding had never been done." Such were some of the sentences used, and it will be agreed that they are strong language indeed. Mr. Millican's victory in law was, however, exceedingly short. The committee appealed from the decision against them to a higher court, and now they were successful. But in the second trial the point at issue came out more clearly than at first, and showed Mr. Millican's position to be a moral rather than a legal one. The judges expressly declined to go into the real merits of the case. They decided that the plaintiff was entitled to no legal redress, because technically he had suffered no legal wrong.

This seemed hard, for lawsuits are expensive; but the moral victory was greater than before. The committee had been glad to escape through the technicalities of law, while the peculiar circumstances which rendered such an escape possible—such as the purely honorary post a member of a hospital staff occupies—rendered their action towards Mr. Millican all the more reprehensible. Meanwhile Lord Grimthorpe had come to the rescue in the “Times” newspaper. His first letter goes straight to the point. The question, he shows, is not, which theory or theories of medicine are the true ones, “but whether a certain set of doctors or poor patients are to be arbitrarily sacrificed to what has been well called *odium plusquam theologicum*, because *medicum*.”

There is, to his mind, not the slightest justification for such an attitude of one part of the profession towards another. Indeed, there are clauses in our medical acts expressly providing against it, which, it appears, the dominant section are determined, by a roundabout process, to defeat.

“If committees are so cowardly as to allow whatever happens to be the medical majority of the day to prescribe, not only medicines, but what *medici* are to be allowed to practise there, and to exclude some who have gained all sorts of distinction in their schools, it is time for one of two things,—either to dethrone such committees, or else to make the next medical Act still stronger, in favor of liberty, and against tyranny and prejudice. We had to pass an Act for the submission of doctors of theology three and a half centuries ago, which they have been constantly trying to repeal by all sorts of tricks, and are at work upon again, I know. We must have another for the submission of doctors of medicine, who are now frightening timid and ignorant committees, as the others did timid and ignorant kings from the time of Stephen to that of Henry VIII., into conceding to them an entirely unconstitutional dominion.”

This is Lord Grimthorpe's courageous and trenchant manner; and from the time he thus threw down the challenge (Dec. 24, 1887), until quite recently, the controversy raged from all quarters, conducted by adversaries of all sorts, and including all possible questions which could bear upon homœopathy or homœopathic practitioners. Fortunately the whole of the “Times” correspondence has been collected and reprinted under the care of the editor and publishers of the “Homœopathic World,” so that it is accessible to every one. Some indications of the breadth of the discussion, of the different positions assumed by the “wordy warriors,” and of probable results, may be given here.

Some of the allopathic writers tried at the outset to repudiate the existence of any “*odium medicum*,” though in the endeavor, as they could not forbear using expressions of contempt for

homœopathists, nothing was ever more unquestionably demonstrated. The oft-repeated comparison of "scientific medicine and homœopathy" was enough, but many opprobrious epithets were far less mild than this. Either homœopathists were ignorant of the most elementary principles of science, or, if not ignorant of them, then they must be dishonest; for the rule "similia" was unscientific, and therefore could not be believed to be true. As illustrations of this contention, it was asked, where could you find any homœopathic practitioner who had distinguished himself in any branch of science? "The whole tribe has been smitten with that utter intellectual barrenness, which, as a Nemesis, attends upon 'whosoever loveth and maketh a lie.'" No question was asked, however, about the successful application of the use of drugs in disease, where, as our homœopathic colleagues were not slow to point out, many old-school men themselves are loud in declamation of their own practices, and hesitate not to crib largely from the resources of the homœopathic *materia medica*. But the charge of intellectual barrenness was not the worst that was made. The contention was enforced, that the dilutions of drugs administered as pilules or globules could not possibly be that which they were represented to be; therefore homœopathists were simply and wilfully deluding their patients in prescribing them. And the reported dishonesty of homœopathic chemists in even selling unmedicated pilules labelled as medicated became a stock argument against the elaborate and completed rules of homœopathic pharmacy. And yet, forsooth, there is no such thing as the *odium medicum*!

It is quite a relief to turn to the other side of the picture. In a series of letters Mr. Millican exhibits just the opposite spirit to that just referred to. Once grant (and all allopaths who have any claim to impartiality of judgment are ready to acknowledge) that medicines administered homœopathically are useful in disease, even if only in a very few instances, then the case against homœopathy, being false, breaks down. On the other hand, from the homœopathist's point of view, once grant that the rule "similia" does not hold the field absolutely in the treatment of disease, but that drugs given on other principles may be and are useful, then whence the apology for not meeting and consulting and discussing, to try and find out what is true, and therefore what is best? At least, no ground whatever exists for the establishment of an ethical rule forbidding consultation between those holding the opposing theories. So Mr. Millican argues, and though he stands alone, it is well known there are numbers of his sort ready to adopt his attitude, if only they thought it safe (!) to do so.

As usual, some notabilities of orthodox physic assumed the responsibility of describing what homœopathy is. They were assisted only, however, by their own blind imagination, and the result was very far from being edifying; especially so, as these imaginations were of a very diverse character, and leading in all sorts of directions, so that any one following their guidance was sure to be landed with them in the ditch of confusion and contradiction. But the public were not allowed to go without real guidance on the subject. With alacrity Drs. Dudgeon, and Dyce Brown, and others came to the rescue, and in a lucid and exhaustive account they set the principles of homœopathy and the position of homœopathists in their true light, answering their statements where necessary; and impartial lay observers were all agreed that they had the best of the discussion. One curious train of reasoning adopted by the old school cannot be passed by without mention. A correspondent "R. B. C.," whose identity is hardly concealed by his initials, and who confesses to holding important positions in two hospitals, in his search for arguments showed a remarkable want of ordinary scientific perception. He was desirous of abolishing the doctrine of the infinitesimal dose, and of showing that it was useless in practice. But instead of appealing to the only source of evidence on the point, experience in the history and treatment of disease, he tried to prove by flights of imagination into the realm of mathematics and physics, that the actual infinitesimal dose was unattainable, because the particular dilution in hand, say the twelfth for example, could not be perceived by the senses, or its actual magnitude conceived by the mind. He seemed to lose sight of the fact altogether, that in biological questions relations of magnitude and number have quite a subordinate and relative value, and can be used for purposes of comparison only, and no argument based on them can have any logical value, when the principle, which by argument it is sought to establish, or to overturn, has its sphere quite outside the content of such relations. No *à priori* reasoning can get rid of the thousands of facts which witness to the value of the infinitesimal dose. But no wonder they are quietly ignored, for they inflict a stern condemnation upon the every-day practice of old-school physic.

The editor of the "Times" closed the discussion with a leading article markedly favorable to the homœopathic side. He adopted the position of a layman interested in the discussion from his very obvious community with the ordinary *clientèle* of a physician, and finds himself in a very dissatisfied state of mind regarding that portion of the profession styled orthodox, even to the extent, when this part of the profession does not hesitate

to throw as much dirt as possible at their heterodox brethren, of doubting whether the qualifications they hold possess the value they are usually believed to possess. He had given homœopathists every opportunity to state clearly and at length what their beliefs and their positions are; yet the orthodox writers evaded every point at issue, and went on through column after column, blazing away at what was non-essential, accidental, and extrinsic. Although he was quite willing to acknowledge that a layman could not judge of the value of medical theories, yet of facts every one could be a judge. Even here he was very disappointed, for he had not received, in regard to facts, that assistance to his intelligence which might have been expected from his orthodox friends.

As yet, the ultimate results of this controversy can scarcely be foreshadowed. Some of its immediate effects, however, are already manifest. It has excited great interest throughout the country. It has been talked about in the lay press, from John o'Groat's to Land's End, and several articles have appeared on the questions at issue, in monthly periodicals. There is not the slightest doubt that such a publicity given to the discussion of homœopathic principles must conduce to largely increase a general knowledge of them. And homœopathists themselves are not alone in this opinion. The College of Physicians is evidently taking fright, and is about to adopt its old Tory tactics, and boycott even some of its own members. A resolution is being projected to prohibit any one holding the college diplomas, from contributing articles on medical subjects to the lay press. A monstrous piece of attempted tyranny, no doubt. But it is a greater doubt if at the present such an attempt can succeed. Medical liberty is in the hour of its birth, and although the struggle may be hard, there is strong vitality in the offspring, which opposition will tend rather to make stronger than weaker. Look at one piece of evidence of this. At the Hahnemann dinner of the British Homœopathic Society, held on the 10th of April, Mr. Millican was present, and that is saying a good deal; and he responded to the toast of the progress of medical liberty. He said his recent trial had brought him a much larger amount of sympathy from his allopathic colleagues than ever he had expected. He had received a hundred letters from different men, seventeen of whom were teachers in medical schools. He could not and would not declare himself a homœopath, yet he was ready, as before hinted, to consult with them, and as far as lay in his power he should continue to protest against the rule of the profession which forbade such consultation. In this attitude he believed he had the support of many colleagues, though he had been ostracised and insulted by many others.

One more point in conclusion. In the possibility of such a controversy as has taken place, we have an eloquent tribute to the policy and the work of the Homœopathic League. A correspondent in the "Times" complained that the country was being flooded with the League pamphlets; and there is no doubt their influence has given a large stimulus to the interest taken in the subject. The profession had had its turn, and rejected it. The pioneers of medical truth are now appealing to a wider, and in one sense more enlightened constituency, and they are making this appeal with the confidence that eventually the profession will be compelled to acknowledge the error of its ways, and receive the truth with open arms.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Concluded.)

Mitral Stenosis and Incompetence.—Mary T——, æt. 30, French polisher, fair. This patient had been treated by Dr. Blackley for ozæna of congenital-syphilitic origin, with much benefit, and came under my care for the same thing in March, 1883. I continued the line of treatment adopted by Dr. Blackley, —starch and iodoform snuff, and *kali bich.* in trituration internally, adding afterwards *hydrastis*.

On April 12, 1884, she returned with the following symptoms: heavy pressing pain at epigastrium; was laid up with it for six weeks; it comes after and sometimes before food, and makes her sick. She is short of breath on the least exertion; has great palpitation if she hurries; cold feet, pulse small, heart's action intermittent, a thumping first sound at apex, followed by a systolic bruit, heard loudest in pulmonary area, but also heard in aortic area; tenderness at epigastrium. She never had rheumatism or scarlet fever. The nose symptoms were improved. The bowels were confined, she said, when taking *kali bich.*, but regular when taking *hydrastis*. I gave her *ars. iod.* 3x., gr. ij., n. et m.; *dig.* 1, gr. j., t. d. She lived in the country, and so had medicine given for a long period. In two months, she reported herself as better; the pain in the chest was better, breath not so short, bowels regular, appetite good, but is sick after eating, especially after breakfast; has palpitation, and pain in the left side. I now gave *spigelia* 3, pil. j., t. d. in place of *dig.* (JOHN H. CLARKE, M.D.)

Mitral Stenosis.—Charles H. S——, æt. 14, errand boy, dark eyes, light hair. This patient was treated by me in 1882 for

epilepsy, and improved under *stram.* 3. I lost sight of him after that, till Jan. 25 of this year (1884). I then learned that he had never had a fit since his previous attendance. He stammered badly; this had been the case since he was three years old. It came on during dentition. He now complained of pain at the heart, and of being weak and nervous. If he breathes hard, it catches him, and he has to fight for breath. The pain is sharp, pinching, and constant. He is short of breath on going up-stairs; all this came on nine months ago, the pain preceding the breathlessness. It came on quite suddenly; he was running to his work, and the pain stopped him. Tongue white; bowels regular; sleep sound. He always has headache over the left eye. I found on listening over the apex beat the characteristic thump of obstructed mitral; there was a faint venous hum in the neck. The heart's action was not regular, the pulse was very small. I gave him *ars. iod.* night and morning, and *dig.* 1, pil. j., t. d.

He came back in a fortnight, feeling much better. Has only had two attacks of the heart-pain in the fortnight. His stammering was rather worse. He received another supply of medicine, and seemed to consider that sufficient. (JOHN H. CLARKE, M.D.)

Dilatation of Right Side of Heart, with thinning of All its Walls. — This was a lady æt. 68, who came under my care in July, 1881. Her illness dates from five years before. She has lived in the West Indies, and has had much trouble. The first indication of heart-disease she traced to suppressed emotion; she felt as if her heart would burst, but endured it and said nothing; she had frequent fits of dyspnoea on exertion, and fits of "asthma," which were relieved if she took wine. Afterwards she had frequent attacks of bronchitis, which made matters worse. When I saw her first, she complained of breathlessness on the least exertion, a stoppage when she lay on the left side, but no pain. The feet were cold, but did not swell. As long as she kept quite quiet and warm, she was fairly comfortable. I found evidence of slight chronic bronchial irritation, and the examination of the heart showed as follows: area of dulness increased, apex beat not felt, no tenderness, no bruit, no reduplication, second sound slightly accentuated in pulmonary area. The sounds are weak but regular for some time; then they become irregular and fluttering for a few beats. Sometimes there is a flutter and a stop. I never could detect any thing wrong with the valves. There was dilatation of the right side, displacing the apex, feebleness of action making no perceptible impression on the chest walls, indicating degeneration rather than hypertrophy. She received benefit from *arsenic* 3 and *digit.* 1. Some

months afterwards she had an attack of bronchitis, and I put her on the *iodide* with *bry.*, after *hepar* and *kali bich.* had done some good. The improvement became more rapid, and soon she was what she considered well. The following year in another attack I again treated her with the *iodide* with the same result,—improvement both of the heart and lung symptoms. She said the *iodide* seemed to soothe her to sleep. In the early part of 1883 she had another attack. She was then out of the reach of homœopathy, and she did not recover. I heard that she died quite quietly and painlessly. (JOHN H. CLARKE, M.D.)

Gouty Heart.—I have not used the *iodide* much in cases of gouty heart, but late experience has taught me that it may be very useful here also. The case I am now going to speak of can scarcely be said to illustrate it, but it may be useful to mention it. The patient was a single lady over seventy; she came of an exceedingly gouty family, many members of which had died suddenly of angina pectoris or other heart affections. She herself had never had gout, or any symptoms of heart-disease (indeed, she was rather a famous hill-climber), but had suffered untold miseries from neuralgia, of evidently gouty nature, and bronchial attacks. It was in one of these latter that I saw her first, and then I was astonished by the irregularity of the pulse and heart's action; but I could not detect any bruit or definite sign of valve mischief. The sphygmograms were not reassuring. I saw her in several attacks of this kind. She had had much *arsenic* in her time for the neuralgia, and without very marked benefit. I gave it to her occasionally, but never saw reason to continue it long. Early this year (1884) she was seized with an attack of gouty laryngitis, in which it seemed every moment she would suffocate, and at the same time congestion of the right lung set in with very little fever; the strain of this proved too much for the heart. The *iodide* was given, and it seemed at one time that the lung would clear, and the heart recover itself; and I am of opinion that the *iodide* did help towards that end, but the evidence is not quite clear. There was improvement for a time; but eventually the heart became weaker, its action more irregular, dropsy set in, and the patient succumbed from exhaustion after much suffering. (JOHN H. CLARKE, M.D.)

Gouty Heart.—This patient was a lady, æt. 66, short, very stout, florid. As a child she was delicate; in middle life her health was good, except that she suffered almost constantly from supra-orbital neuralgia; lived in India some years, and had very good health, except very slight attacks of fever, which seemed to relieve her of the neuralgic pains. In 1854, had cholera in Edinburgh. Has been a great walker. Has gouty concretions about the joints of her hands, and her feet are de-

formed in the same way. Her present illness dates from six years back ; she was climbing a hill in Scotland, and she felt at the time that she had done too much ; she thought she never would have got her breath again ; she has never been right in her breathing since. After this, she had a cold and cough for six weeks ; it is unusual for her to get cold, — she loves air and open windows. When I saw her she had had cold in the head ; this had left the head, and gone to the chest. She complains of great dyspnoea in the night, and whistling in the chest, which keeps her awake ; has a sensation about the heart, as if something were nipping her there ; this is confined to an area about the size of a crown-piece ; then she feels as if passing away, but recovers if she is quite still. At times she has a feeling of fulness, as if something in the chest would burst. Exertion or worry will bring on cough. There was no swelling of the feet ; poor appetite. I found slight wheezing here and there in the lung. The second sound of the heart was accentuated all over, the first sound very faint, except at the apex ; there was no bruit. I gave her *carbo veg.* 6, gtt. j., 3 h., for three days, and there was considerable improvement, which, however, was not maintained. I then gave her *kali carb.* 6, gtt. j., 1 h. ante cib., and *ars. iod.* 1, gr. $\frac{1}{10}$, in water, immediately after food. The improvement was marked and rapid ; she could move about with more comfort, and the appetite improved. Four days after this, I gave her the *iodide* 3 x., gr. j., t. d., p. c. by itself. I heard afterwards that she kept much better, and was able to leave town. (JOHN H. CLARKE, M.D.)

Dr. Clarke thus concludes his able and interesting *brochure* : "I may be asked if I have met with any cases in which *iodide of arsenic* has failed to do good ; and to that I must answer that I have. But the two most signal cases of failure can hardly be rightly counted as such, as I found that the patients were already under the influence of *arsenic* from their own wall-papers. In one case of ulcerative endocarditis, occurring in the hospital, following an attack of pneumonia and delirium tremens, I gave the *iodide*, but failed to receive any benefit therefrom. The patient died, and the diagnosis was verified by post-mortem. The aortic valve was almost blocked by cauliflower-like vegetations, growing from the under surface of the aortic semilunar valves, some of them pressing on the aortic flap of the mitral valve, setting up partial constriction of the orifice, and giving rise to a mitral præ systolic murmur during life. In some cases of chronic valvular disease, the evidence of the action of the drug has been less strong than in those I have cited ; but my notes are not sufficiently clear, either positive or negative, to make it worth while to report them at length.

"I may sum up my experience as follows :—

"1. In almost all cases of chronic weakness of the heart-muscle, whether resulting from valvular disease or not, the *iodide of arsenic*, more than any other single medicine, will restore strength to the muscle, and remove many or all of the attendant symptoms, both cardiac and systemic.

"2. When it fails to effect improvement in the specific heart symptoms, it rarely fails to bring about improvement in the general health.

"3. It is often usefully alternated with, or sometimes followed by, remedies more particularly indicated by the specific symptoms of each individual case."

My long but pleasant task is now ended. I have endeavored, with the aid of a library of seventeen hundred and forty volumes, to place before the readers of the NEW-ENGLAND MEDICAL GAZETTE the homœopathic literature of this most interesting remedy, with such side-lights as the literature of other schools could afford. I have cited in detail the scanty but pregnant provings which we owe to Drs. W. James Blakely and E. W. Beebe, with such comments as my personal experience enables me to make. I have given, piece by piece, but still almost in its entirety, the excellent essay of Dr. Edwin M. Hale, which is, I believe, the earliest in our literature. I have given, and at great length too, the splendid series of cases of pulmonary disease which we owe to Dr. Herbert Nankivell, of Bournemouth, England, and from his experience, as well as from my own, I have endeavored to determine the place and power of this great agent in pulmonary consumption, and allied forms of disease. Then I give also, *in extenso*, the suggestive series of cardiac disease, given to us by Dr. John H. Clarke, the able editor of the "Homœopathic World." Lastly, I made copious extracts from the fruitful paper which Dr. C. E. Sanford, of Bridgeport, Conn., contributed to the "Medical Investigator" for September, 1867. But I find that I have most unaccountably omitted to give any illustration of the power of *ars. iod.* in cholera infantum. I will now repair that omission by giving one case, taken almost at random, as a specimen of the results attainable from *ars. iod.* in this grave disease.

On the afternoon of Sunday, June 5, 1887, Mr. J. T. C., one of our rising advocates, entered my consulting-room, and told me that his son Herbert was quite ill. Now, Herbert was just five months old, of scrofulous constitution and feeble vitality,—the worst possible subject for any serious illness. Mr. C. stated the case with professional clearness. The little fellow had been attacked twenty-four hours previous with vomiting and purging,

and now he was lying very much exhausted, with cold hands and feet. I at once went to the house, and found my small friend lying on his mother's lap, with a cold and very blue face, especially blue around the mouth; eyes turned up in his head, with a very filmy gaze, even when roused; dark blue circles round the sunken eyes, and also round the mouth; cold hands and arms, matched by still colder legs and feet; frequent rice-water discharges from mouth and anus. I gave a guarded but unfavorable prognosis, and left four powders of arsenicum iodidum, fourth decimal trituration, each containing one grain, a quarter powder to be given dry on the tongue every hour and a half. Next morning the face was not so cold, and not nearly so blue; the eyes were brighter, the limbs were warmer, and the little fellow had only vomited once since beginning the medicine. Two rice-water stools only. Continued same remedy as before. On Tuesday morning I found the patient well in all respects, save that the blue circle round the mouth was still evident. But appetite and spirits were alike good, and the patient was really well.

As I left the house I blessed my friend in far-off Connecticut whom, not having seen, I love. (THOMAS NICHOL, M.D.)

*A SHORT REVIEW OF METHODS USUALLY EMPLOYED
FOR THE DETECTION OF ALBUMEN IN URINE.*

BY PROF. EDWIN E. CALDER, PROVIDENCE, R.I.

[*Read before the Rhode-Island Homœopathic Medical Society.*]

IT is with considerable hesitation that I attempt to discuss this evening a question of such importance as the analysis of urine.

I am fully aware of the fact that many if not all present, from long experience in the practical application of well-recognized tests, are much better acquainted than I with this matter. There are, however, certain aspects or phases of this question, which, viewed from a more strictly chemical standpoint, may have escaped the attention of those interested and concerned more especially with the medical bearing or interpretations of the obtained results.

In my few remarks this evening I will confine myself to the consideration of this question as it relates to the examination of urine for the presence of albumen, and will call your attention to a few facts connected with this examination, which are not usually brought into very great prominence, but which at the same time have a very important bearing as regards a true interpretation of results, and the formation of correct conclusions.

The question whether albumen is ever present as a natural constituent in human urine is far from settled. Authorities are about as numerous, and apparently as reliable, who deny as those who affirm its presence in the healthy secretion. Be this as it is, this fact remains beyond dispute, that albumen occurs so frequently under pathological conditions, even before there are any visible evidences of ill health, that careful and accurate tests for its presence are of the greatest necessity in every sample of urine under examination.

Before speaking of the methods of the identification of albumen, in order that proper judgment be possible of the nature and meaning of re-actions, it is very necessary that we become to a certain extent familiar with the properties and behavior of not only albumen itself, but also of the re-actions of the leading and more commonly occurring modifications of albumen or of the albuminoids.

The albuminoids are an extensive class of organic compounds containing carbon, hydrogen, oxygen, nitrogen, and sulphur, and forming the chief constituents of blood, muscle, nerve, gland, and other organs of animals. They occur either in solution or as a viscous solid. They are non-crystallizable, and the different members of the class present differences not only in physical but, to a certain extent, in chemical properties. They all possess, however, certain common chemical re-actions, and are united by a close generic relationship.

Only certain of the albuminoids are soluble in water, but they are all soluble, especially by aid of heat, in strong acetic acid, and in solution of the caustic alkalis. They are insoluble in cold absolute alcohol and in ether.

Solutions of the albuminoids are precipitated by the following re-agents:—

1. By strong mineral acids if added in sufficient quantity.
2. By acetic acid and potassic ferrocyanide.
3. By acetic acid and concentrated solutions of the neutral salts of the alkalis and alkaline earths.
4. By basic acetate of lead.
5. By mercuric chloride.
6. By tannic acid.

The albuminoids may be divided into

I. ALBUMENS. Soluble in water.

- Not precipitated by alkaline carbonates ;
- Not precipitated by solutions of common salt ;
- Not precipitated by very dilute acids ;
- Solutions coagulated by heat.

This group includes,—

1. Egg albumen.

2. Serum albumen, which is almost constantly present in urine which contains any variety of albumen.
- II. PEPTONES. Products of the action, on all albuminous bodies or proteids, of acid gastric juice or of alkaline pancreatic juice. It is a readily diffusible substance, occasionally met with in the urine, in association with or apart from serum albumen.
- Exceedingly soluble in water ;
 - Solutions not coagulated by heat ;
 - Not precipitated by solutions of salt ;
 - Not precipitated by acids or alkalies ;
 - Precipitated by large excess of alcohol, and by tannic acid.
- III. GLOBULINS. Serum globulin, met with in almost all albuminous urines, its proportion to the serum albumen varying in different instances.
- Insoluble in pure water ;
 - Soluble in solutions of common salt ;
 - Solution coagulated by heat ;
 - Soluble in very dilute HCl, being converted into acid albumen ;
 - Changed by alkalies into alkali albumen.
- IV. DERIVED ALBUMENS. Insoluble in water and in solutions of common salt.
- Readily soluble in dilute HCl ;
 - Readily soluble in dilute alkalies.
 - 1. Acid albumen produced by the action of an acid on albumen.
 - 2. Alkali albumen produced by the action of alkalies on albumen.
- V. FIBRIN. A proteid substance met with in the urine in hæmaturia.
- Insoluble in water ;
 - Soluble with difficulty in solutions of salt ;
 - Swells up, but does not dissolve, in dilute HCl.
- Closely allied to these albuminoids, and differing particularly in its containing no sulphur, is *mucin*, the chief constituent of the viscous tenacious liquid called mucus. It may be derived from any part of the urinary tract, and is found in greater or less quantities in all urines.
- Soluble in weak solutions of the alkalies and alkaline earths, from which it is precipitated by acetic acid ;
 - Insoluble in very dilute HCl, but soluble in stronger HCl ;
 - Precipitated by acetate of lead ;
 - Not precipitated by acetic acid and potassic ferrocyanide ;

Not precipitated by tannic acid ;

Not coagulated by heat.

As a general rule, mucin is precipitated by alcohol, all organic acids, and dilute mineral acids. An excess of mineral acids will, however, redissolve the precipitate.

Pus. A pathological product, the result of certain diseased actions of the animal body. The serum contains an albumen apparently identical with that of blood serum, together with globulin.

Many, if not all, specimens contain the so-called pyin, which has the following re-actions :—

1. Precipitated by acetic acid, insoluble in excess.

2. Precipitated by nitric acid, readily soluble in excess.

Having thus briefly enumerated the leading members of the albumens, and recalled the properties and distinctive features of each, we have now to refer, in the light of these re-actions, to the various methods or means commonly employed to prove the presence of these bodies in the urine. At the outset, it is perhaps well to be reminded that all tests for the presence of albumen, if not, in fact, for all other abnormal ingredients of the urine, must be performed upon a portion of the whole quantity of urine voided in the twenty-four hours, and also that the urine in all cases must be perfectly clear. If in any degree turbid, the sample must be filtered before applying any test for albumen.

1. **HEAT TEST** consists in boiling in a test-tube a small quantity of the urine. A turbidity indicates albumen, or phosphates, or both. Add acetic acid, the phosphates dissolve, the albumen remains. Add caustic potash, the albumen dissolves, the phosphates re-appear.

This much-used and (when carefully and understandingly performed) accurate test may give results and readings untrustworthy and incorrect. Almost invariably is a turbidity produced, often falsely attributed to albumen, due in some cases to phosphates, in others to other and allied albuminoids. As the urine must of necessity be made acid before heating, another source of error is introduced by the fact that mucin is also thrown down by acetic acid. This latter source of error could easily be removed by subsequent heating, as mucin is not coagulated by heat, were it possible to distinguish small quantities of coagulated albumen from flakes of mucin floating in the fluid. It is also very important to bear in mind another very necessary precaution in connection with the addition of acid. The precaution grows out of two very important facts. 1. If but very small quantities of albumen are contained in the urine, the alkali present may unite with the albumen, forming alkali albumen or albuminate, which is not coagulated by heat. Again, if the

addition of the acetic acid is carelessly made, resulting in a large excess being present, the albumen forms with the acid an acid albuminate, which likewise is not coagulated by heat. If accurate results are therefore intended, it is necessary in applying this test to have constantly in remembrance the following facts :

(1) Albumen is not coagulated by heat when the urine is alkaline.

(2) When the urine is neutral or feebly acid, it may become turbid on boiling, due to the precipitation of earthy phosphates.

(3) That, under certain conditions of the urine liable at any time to be present, an albuminate may result from action of acid or alkali present which is not coagulated by subsequent boiling.

(4) A careful distinction must be made between the precipitated mucin and the precipitated albumen.

2. NITRIC ACID TEST. — To a quantity of urine contained in a wine-glass or other conical-shaped vessel, add carefully, by pouring down the sides to avoid intermingling, about one-third its bulk of strong nitric acid. If albumen is present, a white zone well defined both above and below is formed at the junction of the two fluids.

This test, while not as accurate or sensitive, is open to the same objections regarding the addition of acid as that just considered. It must therefore be carried out with full knowledge of the following points:

(1) Small quantities of albumen are indicated either not at all, or only very slowly, by nitric acid.

(2) Insufficient addition of nitric acid prevents coagulation by heat.

(3) An excess of nitric acid redissolves the precipitate.

(4) Albumen precipitated by nitric acid is soluble in dilute nitric acid, in a considerable excess of urine, and also soluble in strong nitric acid.

(5) Nitric acid precipitates also mucin and urates.

(6) In very alkaline urine, the addition of the acid causes a decomposition of the ammoniac carbonate present, with liberation of carbon dioxide gas. This brisk effervescence destroys or interferes with the sharpness of the test.

3. POTASSIC MERCURIC IODIDE TEST. — This test, one of the most if not the most delicate of all for the detection of albumen, is based upon the precipitation of albumen by the double iodide of potassium and mercury. The test liquid is prepared by dissolving 3.22 gms. potassic iodide and 1.37 gms. HgCl_2 in 100 c. c. of distilled water. The test is applied by adding to about 10 c.c. of the clear urine, contained in a test-tube and previously made acid by careful addition of acetic acid, the above test fluid drop by drop. Albumen, if present, forms a white opaque floc-

culent precipitate, not soluble in excess of re-agent. This test gives very accurate results, but only when the following facts are kept in mind, and the fallacies carefully guarded against:—

(1) In addition to albumen, mucin, urates, urea, peptones and alkaloids are also precipitated.

(2) The addition of acetic acid in sufficient quantity prevents the precipitation of urea.

(3) Heat readily dissolves the vegetable alkaloids and peptones.

(4) Mucin is removed by adding acetic acid to the urine as long as a turbidity is produced, allowing the mixture to stand some time, and filtering. The clear filtrate is to be used for the albumen test.

4. SODIC TUNGSTATE TEST. — Test fluid prepared by the addition of equal parts of saturated solutions of sodic tungstate and of citric acids. This is a delicate test, but in addition to albumen, the reagent precipitates mucin, urates, but not the alkaloids.

5. POTASSIC FERROCYANIDE TEST. — Solution employed consists of a saturated solution of yellow prussiate of potash. It is a delicate test, and is applied to the acidified urine. This reagent added to urine previously made acid with acetic acid precipitates, in addition to albumen, urates.

6. PICRIC-ACID TEST. — The fact that albumen is precipitated by picric acid is by no means new. The application of the principle to the examination of urine is comparatively recent. The method has not, however, met with very general adoption, though for accuracy and ease of performance it is superior to the usually-employed tests. As at first employed, the re-agent consisted of a saturated solution of crystallized picric acid in water. Modifications of the test fluid have been made by later investigators, such as the addition of citric or acetic acids to the picric for the purpose of preventing the precipitation of phosphates. While this object is without doubt accomplished, such addition of acid does not increase its delicateness; but, on the other hand, the introduction of these acids takes away a part at least of the certainty of the tests, on account of the property of these acids, as we have already seen, of precipitating other albuminoids than that under consideration.

The test if employed as at first proposed, — that is, a plain solution of picric acid, — has the following advantages:—

1. It instantly detects a small amount of albumen, which nitric acid would indicate only slowly or not at all.

2. Insufficient addition of the test does not, as is the case with nitric acid, prevent subsequent coagulation by heat.

3. An excess of picric acid does not re-dissolve the precipitate, as does an excess of nitric acid.

4. Picric acid, when added in excess, is sufficiently acid to clear a phosphatic turbidity.

5. This re-agent precipitates, in addition to albumen, urates, peptones, and vegetable alkaloids.

Urates are precipitated only when the mixture is allowed to stand for some time.

Peptones and alkaloids and urates differ from albumen in that they are readily and completely soluble by heat.

A modification of this test has lately been devised and proposed as a quantitative method for the detection of albumen. In connection with the test fluid, is an apparatus called Esbach's albuminometer. The test fluid is a mixture of picric acid and citric acid. The apparatus is practically a graduated tube, so arranged that with certain regulated quantities of urine, and certain amounts of re-agent, the percentage of albumen by volume is indicated.

From obvious reasons, the results can, at the best, be considered but approximate.

Other methods, or tests, may be mentioned, as the metaphosphoric-acid test, the acidulated-brine test, and a recent color-metric test by use of gold chloride. These have more serious objections than those considered, and, as they do not add any thing by way of accuracy or ease in execution, need not be considered.

From this brief outline of the different tests used, and which are recognized as reliable methods for the detection of albumen, taken in connection with the different facts brought out in their review, are seen, in part at least, a few of the difficulties in the way of arriving at proper and correct conclusions. It is also evident in how easy a manner, and apparently without any mistake, even the simplest test may give results far from the truth; and hence it follows naturally that careless and clumsy testing must yield results in effect more misleading than no examination at all. It is clearly recognized that a careful examination of the urine is something more than mere guess-work. It is also without doubt understood that the precautions mentioned apply more especially to cases containing but traces of albumen. Pronounced albuminuria presents physical peculiarities of color, gravity, and re-action, which are of great service and assistance in judging of the true worth of any test; and further, in cases where the urine contains very large amounts of albumen, either of the here-mentioned tests cannot fail to yield a positive re-action.

In conclusion, I wish simply to call to your attention certain

general facts, which, although perhaps well known, are still apt to be forgotten or disregarded, but which, at all times when examining by any tests urine for albumen, must be kept clearly before the mind.

1. Albumen may be unquestionably present for a long time and in appreciable quantities, in the urine, before its presence is suspected by bodily ill health.

2. That mucus is always to be found in urine, both normal as well as abnormal.

3. Of the varieties of albumen found in the urine, mucin alone has need of special notice, and that mainly because of the difficulties which its presence raises in regard to the reliability of certain tests for serum albumen.

4. That acetic and dilute mineral acids precipitate not only albumen, but also mucus.

5. That any re-agent composed in whole or in part of acetic or other organic acids, or of mineral acids, may give incorrect results.

6. That albumen should never be decided on the re-action of one single re-agent.

7. That the negative value of the most delicate tests are unquestionable, and any albumen not detected by them is certainly of no significance.

CONIUM AND CICUTA.

BY H. A. GIBBS, M.D., LEE, MASS.

[*Read before the Homœopathic Medical Society of Western Massachusetts.*]

SEVERAL circumstances have conspired to call my attention to a comparative pathogenesis of these remedies; none more strongly, perhaps, than the similarity of the two plants in botanical structure. Both belong to the umbelliferæ, and may be found growing along our river-banks and in swampy localities.

Not only have they been confounded in appearance, but in therapeutic action as well, some of our allopathic brethren going so far as to use the one as a substitute for the other,—a blunder which seems almost unpardonable to one who has studied homœopathic provings.

Neither of these remedies can be numbered among our polychrests. Their spheres of action are limited, yet distinct and unmistakable; and in those forms of disease to which they are applicable, they are worthy of more consideration than is usually given them by the homœopathic profession.

Both these remedies have their strongest action upon the cerebro-spinal system, and their effects upon other structures

are secondary to this. There is this striking difference, however: the cicuta poison attacks the nerve-centres first, thence extending to the periphery; while the effect of the conium poison is first felt at the peripheral extremities of the nerves, the centres becoming involved last of all. The following cases of poisoning will serve to show the characteristic action of these drugs.

"A boy ate a number of roots of *cicuta maculata*, supposing them to be artichokes. His first symptom was pain in the bowels, urging him to an ineffectual attempt at stool; after which he vomited a teacupful of the masticated root, and immediately fell back into convulsions, which lasted till death. He was found in a profuse sweat, with convulsive agitations consisting of tremors, violent contractions and distortions, with alternate and imperfect relaxations of whole muscular system, astonishing mobility of eyeballs and eyelids, with widely dilated pupils, trismus, frothing at mouth and nose, the froth being mixed with blood, and occasional and violent epilepsy." Compare this with a case of poisoning by conium, as given in the "*Medical and Surgical Journal*:" "A man ate a large quantity of the plant by mistake for parsley. Soon afterwards he experienced a loss of power in the lower extremities, but suffered no pain. In walking, he staggered as if drunk; at length his limbs refused to support him, and he fell. On being raised, his legs dragged after him, and when his arms were lifted they fell like inert masses, and remained immovable. There was perfect paralysis of the upper and lower extremities within two hours after he had taken the poison. There was loss of power of deglutition, and a partial paralysis of sensation, but no convulsions, only slight occasional motions of the left leg. The pupils were fixed. In three hours after eating the hemlock, the respiratory movements had ceased. Death was evidently caused by a gradual paralysis of the muscles of respiration, but the intellect was perfectly clear until shortly before death."

This drug, conium, is supposed to be the state poison used by the ancient Greeks; and, in this connection, it will be interesting to compare this last case with the description of Socrates' death as given in Plato's "*Phædo*:" "Socrates drank the cup, and, after walking about, told us that his legs were beginning to grow heavy, and immediately lay down; for so he had been instructed. At the same time, the man who had given him the poison examined his feet and legs, touching them at intervals. At length he pressed violently upon his foot, and asked him if he felt it; to which Socrates replied that he did not. The man then pressed his legs, and so on, showing us that he was becoming stiff and cold. And Socrates, feeling it himself, assured us that

when the effects had ascended to his heart, he should be gone. And now, the middle of his body growing cold, he threw aside his clothes, and spoke for the last time."

The close analogy between these last two cases will be noticed at once; likewise the striking difference between them and the case of cicuta poisoning given at first. Stated in general terms, it may be said that cicuta acts as a cerebro-spinal irritant, while conium has exactly the opposite effect, and is classed by the old school among their anodynes.

Cicuta virosa, which closely resembles our *cicuta maculata*, was among the remedies proved by Hahnemann; but he has so mixed essentials with non-essentials, that it would take a very discriminating mind to learn its true sphere of action. Our later provings are more free from this objection, and we have, among others, the following symptoms that are well established and authenticated: Vertigo, with jerking and twitching of the head; pupils dilated and insensible; distortions of the face with convulsions of facial muscles; foam at mouth; teeth clenched; inability to swallow; violent hiccough; involuntary micturition; tightness of chest, with spasm of pectoral muscles; body bent backward; spasmodic distortion of limbs; involuntary jerking and twitching in arms and fingers; convulsions, with opisthotonos, loss of consciousness, and frightful distortion of all the limbs; spasm renewed from the slightest touch or sound."

These symptoms all point in one direction, and indicate that in this drug we have a powerful remedy for all forms of convulsions of cerebro-spinal origin; and there is little more to say about its action. Its secondary symptoms are few and unimportant. Bell gives it among his remedies for diarrhœa; but even here the tendency to convulsions is the key-note for its use. It has also been used in herpetic eruptions of the face, with burning pain when touched.

Cicuta was first brought into use by the homœopathic school, and they still have the monopoly of it. *Conium*, on the other hand, was in use as early as 500 B.C., and it has been employed by the allopathic school from that day to this, with a varying degree of success. Its primary symptoms are not as distinct as those of *cicuta*. Among them are the following:—

"Extreme want of memory, with complete indifference." "Sluggish adaptation of eye to varied range of vision." "Weakness of eyes, with giddiness and debility, especially of arms and legs; staggers, as if drunken, when walking." "Eyelids seem pressed down by heavy weight." "Speech difficult; tongue swollen and stiff." "Sensation of weakness, even to trembling, in right thigh, when walking." "Trembling of all the limbs." "Difficulty of using limbs." "Sudden loss of strength, and

muscular paralysis without spasms." To these might be added also, from the cases of poisoning I have quoted: "Gradual loss of motion and sensation, beginning in lower extremities and extending upward." These symptoms all indicate its use in certain forms of disease, characterized by gradual motor and sensory paralysis. Its secondary symptoms are of considerable importance, notably its power to cause engorgements and induration of the various glands. In the vomiting of pregnancy it has been well tested; while in the diseases incident to old age it is a remedy *par excellence*; and many chronic diarrhoeas depending upon a paralysis of the sphincters will yield to its power.

TWO CASES OF POISONING.

BY C. H. FINCH, M.D.

[Read before the Rhode-Island Homœopathic Medical Society.]

I.

IN looking for the cause of a repeated eczematous eruption on my hands, I applied directly to the skin of one hand the tincture of anacardium orientale. In twenty-four hours a slight redness was visible at point of application; in forty-eight hours there were heat and itching and a scarcely perceptible papillary eruption. The itching was intensified by warmth and friction, and relieved by cold; cold water relieving till some further irritation or friction started it up again. In another twenty-four hours, well-marked vesicles were present, though they did not go on into bullæ. By the fourth day the discomfort subsided at the original site; but there were for two or three days successive crops of small groups of vesicles along the palm and thenar eminence; a circumstance which I had noticed in former poisoning from same drug. By end of a week from application, the vesicles had dried up, and were finally peeled off, leaving a faintly colored base two months afterwards. Have not had an opportunity to try the remedy in any skin disease since.

II.

Was called to see a man thirty-five years old, who had taken within twenty-four hours about two ounces of china in small doses. He was complaining of heat. I found a temperature of 101, and slightly flushed face. The next day, found a temperature of 104, and a papillary eruption all over the body; no itching, but a burning sensation; the heart a little irregular, but not rapid, about 85 per minute. The fever subsided in three days, and the color disappeared from the skin, but there was no desquamation. This I considered one of the not common cases of erythema from quinine.

A CASE OF APHASIA.

BY N. EMMONS PAINE, M.D., WESTBOROUGH, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

WHEN the State Society visited the Westborough Insane Hospital last year, the following case was presented. This extract was also published in the September number, following, of the NEW-ENGLAND MEDICAL GAZETTE.

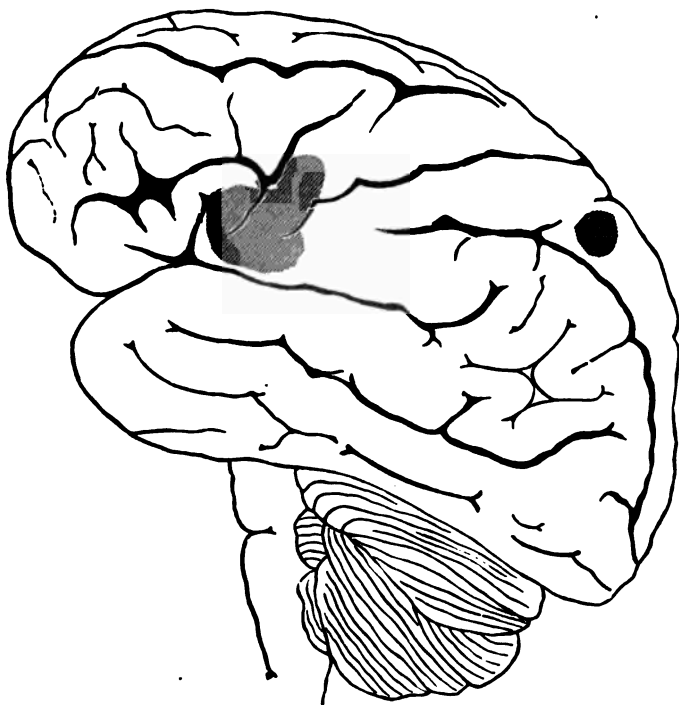


FIG. 1.

"[Fig. 6.] Mr. —. Admitted Dec. 13, 1886, having been transferred from Danvers, where he had been admitted June 9, 1886. General paresis. Forty-six years of age. A member of the fire department of Boston. Married. Said to have been showing symptoms, for about three years, of loss of mind. Since coming here he has shown no delusions of grandeur, and has apparently had no hallucinations of sight and hearing; but is the most marked case of aphasia in general paresis that has ever come under my notice. He often expresses much distress at his inability to use the proper word, and to express what he has in his mind.

"The location of the disease of his brain is probably limited to the lower portion of the fissure of Rolando [8, 9, and 10]. It probably does not extend much into the frontal lobe, or into the parietal, occipital, or sphenoidal lobes.

"My reason for giving that location is, that it resembles aphasia caused by embolism, and that region is often found to be the lower portion of the fissure of Rolando. In another case of aphasia, one following embolism, there appeared to be no affection of this portion of the brain, but, instead, a large atrophy above the posterior portion of the fissure of Sylvius. I do not wish to deny that the posterior portion of the fissure of Sylvius may be affected, but I feel sure that the frontal lobe, occipital lobe, and the temporo-sphenoidal convolutions remain comparatively free from disease.

"Prognosis: Incurable. He will probably live three months, and not over a year."

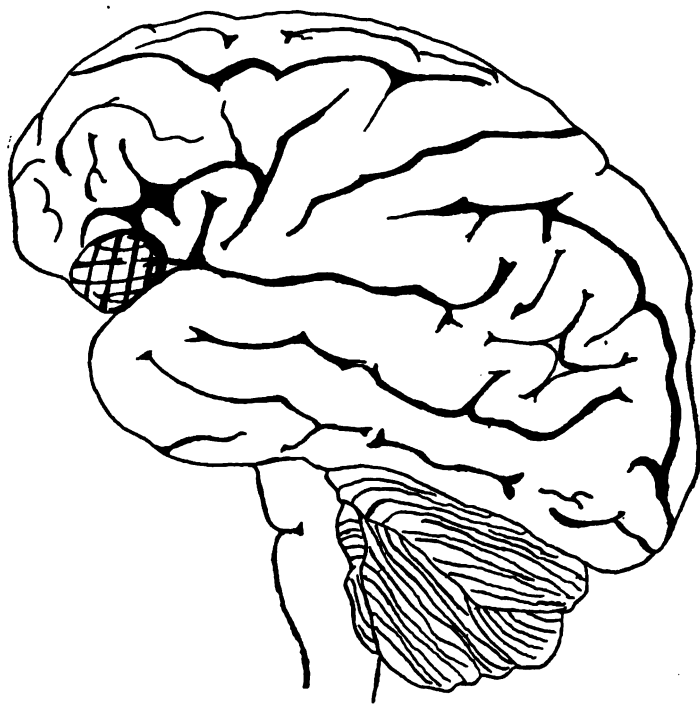


FIG. 2.

The subject of the sketch died at the Hospital Feb. 21, 1888. His inability to walk had increased, until he was bed-ridden for about a month preceding his death. It was impossible for him to open and close buckles, or even to button his clothing. His mind remained clear so that within twenty-four hours of his death he recognized me. It was evident that considerable effusion had taken place, from his dulness of mind and weakness of body.

Post-mortem: The most noticeable thing was the extraordinary amount of serum, which weighed thirteen and one-half ounces,

and measured twelve fluid ounces. The total weight of the brain was forty-seven ounces. The left hemisphere appeared somewhat smaller and flabbier than the right. The point of interest was the third frontal convolution at its posterior end. There was a protuberance of the pia mater, it being bulged out by fluid. When this was removed, a depression was found in the brain substance looking as if it had been scooped out. It was seven-eighths of an inch in length, and three-fourths of an inch in

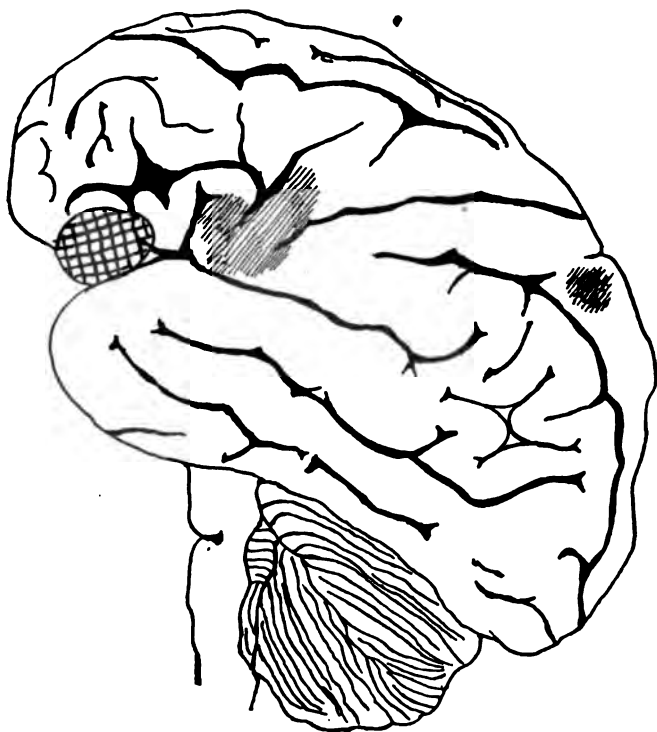


FIG. 3.

width. The location is shown by the accompanying diagram. In the centre it was depressed about one-eighth of an inch. On cutting, the gray matter was found to be considerably diminished in thickness.

It was impossible to discover a cause. Every blood-vessel appeared to be doing its duty, and not showing an embolism. There was no abscess, for it had the appearance of a blister, just beneath the pia mater, filled with clear serum.

As the members of this Society have seen the patient at the

Hospital, and as his case was published with the brain localization of the disease, now that the examination has been made, I wish to make more exact the location of his disease. The symptoms were those of general paralysis, when he came, but of an unusual form, and they were later modified so that he was not regarded as a case of general paralysis. When the pia mater was stripped off, it came away without adhesion to the cortical substance, in all parts, showing, in that, no resemblance to general paralysis of the insane. The centres for the hands were not affected, as shown in last year's chart, but the diseased region was farther forward.

All that relates to localization is unusually interesting at this time, when there is a strong contest taking place between those who believe in localization, and those who are opposing it with Brown-Séquard as a leader.

Fig. 1 is a copy of the plate No. 6, taken from the *NEW-ENGLAND MEDICAL GAZETTE* of September, 1887, which shows the location of the disease as diagnosed one year ago.

Fig. 2 indicates the location as discovered at the autopsy.

While the two situations do not correspond, the distance between them is so small, that, if trephining had been necessary, the instrument could have touched both the diagnosed and the actual position of the disease.

Fig. 3 unites upon one chart Figs. 1 and 2.

GLEANINGS AND TRANSLATIONS.

STILL-BIRTHS. — With reference to the period of the year in which still-births occur with the greatest frequency, Dr. Sozinsky ("Medical and Surgical Reporter") has published some interesting statistics, based upon the average number of cases occurring in Philadelphia for each month during a period of ten years. According to his figures, May is the month that has the largest number of still-births in proportion to the whole number of births, while in September the still-births are fewer than in any other month, although its whole number of births is larger than that of many other months. After September, in which the infant has the best chance of not being still-born, August comes next and July next in regard to exemption from this accident. From these figures it appears to the author that the foetus passing most warm months towards the close of uterine life in its mother's womb, stands the best chance of getting out safely. He also thinks that the increasing laxity of fibre produced in the pregnant woman by the heat of summer may prove an aid; also, that there may be a difference in the size of the child. — *New-York Medical Times.*

TEST FOR BILE IN URINE. — Chloroform, as a test for bile in the urine, is ready, delicate, and certain. All that is necessary is to agitate a few drops of it in a test-tube along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present in the urine. If no bile be present, the test-fluid remains limpid. — *Medical Register*.

THE PROPER METHOD OF EXAMINING THE BREAST. — Dr. Gross says that, to examine properly a woman's breast, she should be lying on her back. If examined in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of fingers back through the breast against the chest-walls, and not by pinching the structures up between the fingers. — *College and Clinical Record; Medical News*.

SIMPLE METHODS OF REVIVING PERSONS APPARENTLY DEAD. — At a meeting of the last congress of German scientists, Dr. H. Frank mentioned that there are but two ways to stimulate the heart, — electricity, and mechanical concussion of the heart. The first is considered dangerous by him, as it may easily destroy the last power of contraction remaining in the organ; but what is termed "pectoral concussion" is decidedly preferable. Frank's method is as follows: He flexes the hands at the wrists to an obtuse angle, places them both near each other in the ilio-cæcal region, and makes vigorous strokes in the direction of the heart and of the diaphragm. These strokes are repeated from fifteen to twenty times, and are succeeded by a pause, during which he strikes the chest over the heart repeatedly with the palm of his hand. In favorable cases this method is early successful, and sometimes a twitching of the lids or of the angles of the mouth appears with surprising rapidity as the first sign of returning life. As soon as these symptoms are noted, the simple manipulation above described must be earnestly continued, and persevered in for from half to one hour, for with their cessation the phenomena indicating beginning return of life also cease. Generally the face soon assumes a slight reddish tint, and at the same time a faint pulsation may be felt in the carotids. By this method Frank has seen life return in fourteen cases, amongst whom were such as had hung themselves, drowned, and asphyxiated by carbonic oxide, and in one case by croup. In three cases of asphyxia by coal-gas, and in one case of apparent death by chloroform, the method described alone succeeded. Frank, therefore, advises the practising physician not to lose time with other procedures, but at once to employ a method which, in his hands, has proved so universally successful. — *New-York Medical Times*.

SOME DERMATOLOGICAL NEGATIVES. — Psoriasis is never seen upon the tongue. Ringworm of the scalp is not found in grown persons. Lupus (vulgaris) is a specific disease, and is not due to syphilis. Arsenic does not cure, nor even improve, *all* skin diseases. Eczema is not pronounced ec-ze-ma. Premature baldness is not always hereditary, but, on the contrary, is frequently due to neglected dandruff. Lotions are not, as a rule, as good for applications as ointments. The majority of cases of eczema display no vesicles; and the vesicles, when present, are frequently small and quickly broken. The animal parasitic diseases cannot always be diagnosed by observing the presence of the parasite. Papular syphilis is not "syphilitic psoriasis." Skin diseases frequently penetrate deeper than the skin, and the study of them is deeper still. Acne is not cured in a day, nor pemphigus in a week. The skin presents sixteen square feet of exposed surface, and is unlike other organs, inasmuch as it is more liable to frequent irritation from without. Non-volatile substances dissolved or suspended in water are not absorbed by the skin to any appreciable extent. — *Philadelphia Medical Times; Medical Record.*

THE CAUSE AND CURE OF ABNORMAL SEXUAL DESIRE. — A philosophical and ascetic writer in the "Medical Standard" says the following regarding abnormal sexual desire: "In the great majority of cases, sexual desire which cannot be healthily controlled by the will is due either to constipation, improper food, improper clothing, improper literature, ascarides, leucorrhœa, or analogous causes. Satisfaction of sexual desire will not remove these causes. Until they are removed, the satisfaction of it in any way is but adding fuel to the flame. The results of so-called sexual starvation are due to partial sexual gratification in an abnormal, albeit unconscious, way, not to abstinence from sexual intercourse, and are cured by it. Cold sponging, proper diet, proper clothing, proper literature, and proper attention to the rectum will cure all cases of sexual starvation, except such as are reversions to the savage type of unrestrained debauchery, or depend upon cerebral or spinal disease or malformation. In the first case, training is indicated, and in the last, hospital treatment, not marriage or sexual intercourse. Christianity teaches restraint of the 'old man Adam.' Evolutionary ethics teach that the higher the organism, the better developed, and the greater the checks on the primitive instincts of the race. Where theology, the dominant philosophy, and clinical experience join in condemning a procedure of doubtful morality intended to benefit one individual at the possible expense of another, the physician incurs a great responsibility who prescribes it." — *Medical Record.*

SOCIETIES.

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THE AMERICAN INSTITUTE SESSION.

EDITOR NEW-ENGLAND MEDICAL GAZETTE.

The American Institute session, as already announced in your journal, will be held at Niagara Falls, N.Y., beginning Monday evening, June 25, and closing Friday noon, June 29. The general sessions, the sectional meetings, and the meetings of the various committees will be held in Orpheus Park Theatre, a recently completed structure, facing the State Reservation, and contiguous to the large hotels. It is furnished with upholstered chairs, is well ventilated, and well lighted by both daylight and gaslight.

Mr. A. H. Gluck, proprietor of the International Hotel, will provide entertainment for the physicians in attendance, and their friends, at the very moderate rate of three dollars per day. Carriages will be furnished at reasonable and fixed rates. Admission to all points of interest about the Falls will be without charge, the only exception being the bridge-toll of twenty-five cents for the round trip across either of the suspension bridges to the Canadian side.

The committee on railroad fares has secured concessions under which those who pay full fare going may secure their return tickets at about one-third rates. But to obtain this reduction, the rules of the Railway Associations must be implicitly followed. These rules will be published in the Institute's annual circular. Any physician failing to receive the circular on or before June 5 may obtain a copy by addressing the undersigned.

So far as is now known, about seventy papers will be presented at the session, embracing a wide variety of medical and surgical topics, and sure to furnish subjects of special and absorbing interest to every physician who may attend.

A grand excursion to Fort Niagara, at the mouth of the river, has been arranged for Tuesday evening. The excursionists will enjoy a fine view of the Falls, the Gorge, the Rapids, and the Whirlpool,—first by twilight and then by moonlight,—from open observation-cars, with a steamboat-ride, a collation and music, on the quiet river below. This unique entertainment, so generously provided for the physicians and their friends, will be in perfect harmony with the usual attractions of a visit to Niagara, which have given it its world-wide reputation.

Respectfully,

PEMBERTON DUDLEY, M.D., *Gen. Secretary.*

THE WORCESTER-COUNTY HOMŒOPATHIC MEDICAL
SOCIETY.

THE second quarterly meeting of the Worcester-County Homœopathic Medical Society for the present year was held in the usual rooms on May 9. The meeting was called to order by the Secretary at 11.10 A.M., twelve members being present. In the absence of the President and Vice-President, Dr. Slocomb was elected President *pro tem*. Later in the day there were twenty-two members present.

The minutes of the last meeting were read by the Secretary, and, with one exception by Dr. Barton, were approved.

A report of the Censors was called for, but none of them were present.

The first paper of the morning was that by Dr. Sanford, and was a recital of three very interesting surgical cases, and the different modes of dressing of each.

After Dr. Sanford had finished reading his paper, Dr. Warren moved that those physicians who were present, and not members of the Society, be invited to participate in the discussions of the papers. The motion was adopted unanimously.

Dr. Sanford's paper was freely discussed.

Dr. Rand next read a report of a case which he had promised at the last annual meeting. It was a most interesting case of suppuration of the kidney. He had a photograph of the post-mortem kidney, illustrating accurately the pathological condition of the diseased organ. His paper was very instructive. There were several similar cases reported by different members of the Society. This one was especially interesting, instructive, and uncommon, in that nearly all the symptoms seemed to point to disease of the bladder, and not of the kidney.

Dr. Warren next read his paper on "Dislocation of the Cuboid Bone." He apologized to the Society for repeating a paper that he had already read at the State Society, but sickness in his family had prevented him from preparing any thing new, and the subject was one that was well worthy repetition. He brought with him the skeleton bones of the foot to illustrate his remarks. The paper was most instructive, and showed a deal of study by the author, his points being clear and well taken. Many inquiries were made of the author by different members.

Then the secretary proposed for membership the name of Dr. E. A. Fisher, No. 6 Elm Street, Worcester, Mass. His name was accepted, and referred to the Censors for action.

Dr. Williams also proposed for membership the name of Dr.

Jennie S. Dunn, No. 77 Park Street, Worcester, Mass. Her name was also accepted, and referred to the Censors for action.

At 12.40 P.M., the Society adjourned to dine at the Lincoln House.

On re-assembling at 2 P.M., the secretary, Dr. Allen, read a paper on "Acute Abscess of the Abdomen." Discussion was taken up by Dr. Chamberlain, and continued by Drs. Wilkins, Mellus, Barton, and others. Dr. Colby reported a case of abscess on the crest of the ilium, whose source was from the lumbar vertebrae.

The report of the Committee on the Revision of the Constitution and By-Laws of the Society was next called for, and the result of their work was read by the Secretary. Dr. Nichols moved that the report of the committee be accepted, and that it be printed in as cheap a form as possible, and that a copy be sent to each member before the next quarterly meeting, and that the committee be discharged. The motion was amended by Dr. Wilkins that the Secretary be instructed to see to the printing. It was carried as amended.

The President instructed the Secretary to make an announcement when he sent out the printed report, explaining the action of the Society.

At 3.45 P.M., the Society adjourned.

LAMSON ALLEN, M.D., *Secretary*.

RHODE-ISLAND HOMŒOPATHIC SOCIETY.

THE regular quarterly meeting of this society was held at 157 Westminster Street, Providence, Friday evening, April 13, 1888; President Charles Hayes, M.D., in the chair.

The records of the last meeting were read and approved.

The following persons were proposed for membership: R. F. Eaton, M.D., Foxboro, Mass., and Jos. P. Place, M.D., Providence. On motion of Dr. George B. Peck, G. D. Reed, M.D., was elected corresponding member to this Society from Jan. 1, 1888.

The following delegates to other societies were then appointed:—

American Institute of Homœopathy.—Drs. Charles Hayes, *President*, H. A. Whitmarsh, Charles A. Barnard, and George D. Wilcox, Providence.

Maine Society.—Dr. William Caldwell, Providence.

New Hampshire Society.—Dr. E. N. Kingsbury, Woonsocket, R.I.

Vermont Society.—Dr. E. C. Gates, Providence.

Massachusetts Society. — Dr. Henry F. Battey, Warren, R.I.

Boston Society. — Dr. Thomas H. Shipman, Providence.

Connecticut Society. — Dr. C. L. Green, Providence.

New-York State Society. — Drs. Sayer Hasbrouck and W. H. Stone, Providence.

New Jersey Society. — Dr. C. W. Finch, East Providence.

Western Massachusetts Society. — Dr. R. G. Reed, Woonsocket, R.I.

Scientific Session. — Dr. H. A. Whitmarsh gave a very interesting paper entitled "A Perfect Medical Society." He spoke of the necessity of a more perfect work in the profession, and gave an enthusiastic plea for a more active interest in the workings of the Society by its members.

Professor E. E. Calder read a very instructive paper on "Urinary Analysis," which was listened to with great interest. A vote of thanks was given to Professor Calder for his most excellent paper, and he was requested to present his paper to the Society for publication.

Dr. C. H. Finch gave two interesting cases of "Drug Poison."

Dr. Charles A. Barnard presented an exhaustive paper on the "Accidental Injuries to the Nervous System," which was most highly appreciated by all present. A request was made by the members that the paper be published.

Drs. Peck, Caldwell, Hasbrouck, and Hayes took part in the discussion.

The meeting was then adjourned.

W. H. STONE, M.D., *Secretary.*

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-fourth annual meeting of the Society was held at the Allyn House, Hartford, on Tuesday, May 15. After the transaction of routine business, new members were elected as follows: Dr. F. B. Kellogg of New Haven, Dr. John K. Bucklyn of Mystic Bridge, Dr. A. A. Hoag of Bridgeport, and Dr. C. H. Pulford of Seymour. The following officers were also elected for the ensuing year: President, Dr. E. E. Case of Hartford; Vice-President, Dr. C. S. Hoag of Bridgeport; Secretary and Treasurer, Dr. E. B. Hooker of Hartford; Librarian, Dr. G. H. Wilson of Meriden; Censors, Drs. C. B. Adams of New Haven, H. P. Cole of Bridgeport, Sophia Penfield of Danbury, C. E. Stark of Norwich, and W. F. Hinckley of Naugatuck.

The annual address was delivered by the President, Dr. E. H. Linnell of Norwich. The rest of the morning was devoted to the Bureau of Sanitary Science. Dr. C. E. Sanford, the chair-

man, read a paper upon the "Garbage Question;" and Dr. C. E. Stark of Norwich read a paper on "Sewer Gases."

After dinner the Bureau of Clinical Medicine reported, and Dr. E. B. Hooker of this city read a paper on "The Curability of Chronic Nasal Catarrh." He took the ground that many cases supposed to be incurable can be cured or greatly relieved. These are often due to irregularities in the interior of the nose, amounting practically to deformities, which can be corrected, since cocaine has come into use to relieve the pain of such operations. He exhibited a number of drawings from life, demonstrating cases that he had successfully treated.

The Bureau of Materia Medica reported upon "Zincum Metallicum," through the chairman, Dr. E. A. Wilson of Rockville.

Delegates were appointed to societies in neighboring States, and to the American Institute of Homœopathy, which meets at Niagara Falls the last week in June. A party of Connecticut physicians will be formed to go on together, occupying adjoining suites of rooms at the International Hotel.

To the American Institute.—E. B. Hooker, C. B. Adams, C. S. Hoag, C. H. Colgrove, Sophia Penfield.

To the Massachusetts Society.—C. B. Adams.

To the Rhode-Island Society.—H. M. Bishop.

To the New-York Society.—E. C. M. Hall.

It was voted to hold the next meeting at Meriden, on the 16th of October.

EDWARD B. HOOKER, M.D., *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF NEW HAVEN, CONN.

EDITOR NEW-ENGLAND MEDICAL GAZETTE.

Dear Sir,—Some of the reports of different homœopathic medical societies in your journal suggested the idea to me whether a little notice of the doings of the homœopathic fraternity of the old university city of New Haven, Conn., would not be of some interest to our Massachusetts brethren. One year ago last February, 1887, by invitation, several homœopathic physicians convened at the office and residence of Dr. C. B. Adams for consultation relative to organizing a homœopathic medical association for the benefit of all concerned, within the limits of the city. The next month a meeting was called at Dr. E. J. Walker's residence. A constitution and by-laws, being presented by a committee previously appointed, were read and adopted, prefixing the name of The New Haven Homœopathic Medical Society. Officers elected as follows: Dr. Paul C. Skiff, President; Dr. E. J. Walker, Vice-President; Dr. C. B. Adams, Secretary and Treasurer; Censors, Drs. F. L. Barnum, A. Lambert, and B. H. Cheney; after which a membership of eighteen names was obtained. Subsequently two more were added, making a total of twenty. Our efforts have not been in vain for good. Nearly all the meetings during the year have been well attended,

and very interesting. Our members have readily responded to the call for a paper upon any subject, or clinical report recommended by the members present.

Feb. 23, 1888, the New Haven Homœopathic Medical Society met at Dr. B. H. Cheney's residence, and the following named officers were elected for the ensuing year: B. H. Cheney, M.D., President; C. B. Adams, M.D., Vice-President; Charles Vishno, M.D., Secretary and Treasurer; Censors, E. J. Walker, M.D., Adelaide Lambert, M.D., and F. L. Barnum, M.D.

April 26, 1888, the New Haven Homœopathic Medical Society convened at Dr. Murray's office and residence, Dr. Cheney in the chair. First business of the evening was an interesting case of cancer of the tongue, involving the right ramus of the inferior maxillary, presented in an able and instructive manner by Dr. John A. Hutchinson. A lively debate followed, relative to the pathological condition of the patient, also different views of treatment. The remedy most favorably recommended seemed to be the trifolium pratense, either in the form of a decoction or fluid extract, in good substantial doses. Dr. Adams narrated a case of cancer of the tongue, which yielded in part to the use of iodide of potassium, but he considered the origin of the trouble due to a syphilitic diathesis. Dr. Cheney recalled several cases in his experience which had been very much benefited by the use of the extract of trifolium pratense. Dr. Sage also mentioned several cases of cancer and eruptive diseases favorably affected by the use of trifolium. Drs. Talmage and Walker detailed several cases of cancer of the tongue and their ultimate results; after which Dr. C. B. Adams proceeded to report a case of vesical calculi successfully pulverized and removed by the use of Bigelow's apparatus for lithotripsy. Lastly, the subject of venesection was proposed, and profitably discussed pro and con. Dr. William Sage gave many instances of success where medicine proved unavailing, and still believes it to be practical and beneficial. Most of the physicians present thought there might be cases where venesection would prove a benefit, but it did not present a decided scientific basis upon which many of us could practise, other than to a limited extent.

Meeting adjourned to meet at Dr. William Sage's residence the last Thursday evening in May.

CHAS. VISHNO, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

ODIUM MEDICUM AND HOMŒOPATHY. The "Times" correspondence. Edited by John H. Clarke, M.D. London: The Homœopathic Publishing Company. New York: Boericke & Tafel. 1888. 120 pp.

So much has already found its way into the pages of the *GAZETTE* concerning the famous English newspaper controversy, and so admirably in the present issue does Dr. Golds-brough relate to us in detail the facts of this already historical event, that we need, of the little *brochure* now before us, do scarcely more than to tell our readers that in it they will find, conveniently arranged, the entire correspondence referred to, together with the famous final summing-up of the matter by the

"Times." It is a sort of disloyalty to homœopathy to remain in ignorance of a controversy which so materially and so permanently has advanced its interests; and now that the records of that controversy are so easily and cheaply attainable, we trust they will be at an early date on the library table of every reader of the GAZETTE, to whose satisfaction and enthusiastic appreciation of the wisdom and pluck shown by the advocates of homœopathy in this good fight, we are convinced a study of the pamphlet will inevitably tend.

A REPERTORY OF GONORRHOEA. Compiled by Samuel A. Kimball, M.D., I. H. A. Published for the International Hahnemannian Association, by Otis Clapp & Son. 1888. 53 pp.

One of the most striking features of this else unpretending work is the placing of the mystic initials I. H. A. on the title-page, after the author's name. We are wont to associate this combination of letters with the society for which the book is published, and had the title assumed been "*Fellow* of the I. H. A.," there would be no occasion for question; but for a single member thus openly to proclaim himself an association, is a case of "*l'Etat c'est moi*," hardly paralleled since the days of the Bourbons. Scarcely less surprising to a superficial reader, is the logic which, in the preface, states in one paragraph that this repertory takes "a gonorrhœal discharge as a basis," and immediately after remarks that "a gonorrhœal discharge should be the last thing to base a prescription upon." The author's logic of fact is, however, better than his logic of statement, since concomitant symptoms of the genital organs are given in such abundance, that the "individualization" of any particular case can be compassed without much difficulty. Dr. Kimball tells us that he has taken symptoms from Hahnemann's "Chronic Diseases" and "Materia Medica Pura," Hering's "Guiding Symptoms" and "Condensed Materia Medica," Lippe's "Materia Medica" and "Repertory," and Allen's "Encyclopædia." It is small wonder, then, that there should be rather an *embarras de richesses* in the way of symptoms or of remedies; though it is more of a wonder that *naphthaline*, a drug of well-defined action in the sphere under consideration, is left unmentioned.

Besides the odd phrases of the preface already referred to, we read in that essay, that "gonorrhœa can only be *cured* by strictly homœopathic treatment,"—a statement which overwhelms one with compassion for the million or so of cases who have rashly supposed themselves cured by nature, or by other

systems of treatment, and perhaps will never know their error until they chance upon this volume.

The faults of the repertory, apart from its preface, which is a very grave fault indeed, are found in the crowd of symptoms which owe their being first to imagination and then to heedless repetition. Its virtues are in its pains-taking classification, and the bringing together into a small space of much diffuse information. The press-work of the volume is excellent.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY FOR 1887. Vol. X. Boston: Franklin Press, 243 pp.

This interesting volume shows, in record of quantity and quality of work done, no retrogression from the standard of excellence which has long been associated with the Massachusetts society. Perhaps the most notable work done by a single bureau is that reported by the Bureau of Clinical Medicine, which, under the chairmanship of Dr. H. E. Spalding of Hingham, Mass., presents a most admirable series of papers on Diabetes Mellitus: its history and pathology, etiology, diagnosis, treatment, etc., being set forth in individual papers by well-known practitioners.

The report of the Bureau of Surgery also, under the chairmanship of Dr. James Utley, is extraordinarily full and instructive. The scholarly paper by Dr. N. Emmons Paine, on the Localization of Brain Diseases, gives Massachusetts homœopaths fresh demonstration of how wise was the choice of a superintendent for the first State institution under homœopathic control. The general appearance of the volume is unexceptionably creditable.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS.

By E. L. Keyes, A.M., M.D. New York: D. Appleton & Co. 1888. 704 pp.

A more thoroughly modern work than the present one, on its chosen subject, it would be difficult to conceive; and no more convincing proof of with what dizzying rapidity the medical "world does move" could be asked, than the comparison of its theories and recommendations with those of its predecessors of a score of years ago. Dr. Keyes accepts as well established the existence of the gonococcus, describes its morphological appearance, and gives directions for its discovery and staining. He believes this organism to be the "contagious element in the discharge," and while "a discharge containing gonococci is not necessarily contagious in a virulent way," yet a "discharge not

containing gonococci is certainly not contagious." With the exception of the bi-chloride of mercury, which is prescribed in the not heroic proportions of $\frac{1}{1000}$, to be used as injections, the author puts small faith in parasiticides; and he condemns as injurious the old use, for the abortion of gonorrhœa, of astringents, caustics, etc. Supra-pubic lithotomy is almost enthusiastically advocated, the author citing his own certainly brilliant experiences in behalf of his theory.

We note with regret the recommendation of marriage as a "remedy," in certain selected cases of gleet. We had hoped that this therapeutic indecency, which shows toward womanhood much such consideration as the Greeks manifested for the predecessors of Andromeda, had become at last anachronistic.

The work as a whole is very suggestive, very useful, and thoroughly up to date. Its form is unexceptionably handsome.

LECTURES ON DISEASES OF THE HEART. By Alonzo Clark, M.D., LL.D. New York: E. B. Treat. 1887. 251 pp.

This modest work is of very great interest from the fact that it is the sole literary embodiment of the distinguished author's teachings, on a subject concerning which his immense clinical experience made him a deserved authority. It gives the substance of his lectures delivered to the students of the College of Physicians and Surgeons, New York. Its style is somewhat colloquial, and often gains in vividness what it lacks in conventionality; certain of its descriptive phrases, as the "*whewing*" sound noticeable in certain valvular difficulties, are very memorably apt and original. It is a work from which the experienced practitioner may learn something, and the inexperienced practitioner all that for ordinary purposes it is necessary for him to know.

OPHTHALMIC SURGERY. By Robert B. Carter, F.R.C.S., and William A. Frost, F.R.C.S. Philadelphia: Lea Brothers & Co. 1888. 554 pp.

This latest "clinical manual" of the well-known and excellent series, while offering nothing especially novel to the specialist, will be of great use and interest to the general practitioner. It contains fifteen chapters, devoted to the anatomy and physiology of the eye, its diseases, and their treatment, chiefly surgical, in accordance with the latest teachings of theory and experience. For the sake of completeness, test-types and formulæ are given, in connection with the general text. The literary style is clear and concise, and the authors' wide reputation is guaranty for the soundness of their teachings. Like its companion volumes, this little manual will be found of the highest use for quick consultation.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. Fascicles III. and IV. New York: William Wood & Co. 1888.

The two additional fascicles which have reached us since this work was last noticed, quite maintain its high standard. They treat of and illustrate the differential diagnosis of chancre and chancroid, and deal with many syphilides, such as erythematous, miliary, papular, papulo-pustular, papulo-squamous, and other varieties. The illustrations are typical in fidelity, and sumptuously executed. The work promises to rank with the classics.

THE POPULAR SCIENCE MONTHLY for May has an amusing, if not very scientific little paper, by Dr. Oswald, on "The Moral Influences of Climate;" Professor Le Conte writes thoughtfully on "The Relation of Evolution to Materialism," in which he justly concludes that the doctrine of evolution threatens rather dogmatic theology than Christian faith; Dr. Thomas Mays discusses "The Future of the American Indian," which he regards as hopeful largely through amalgamation with their Caucasian conquerors; and the sixteen articles, which make up the number, are all, though variously, readable. New York: D. Appleton & Co.

THE May CENTURY has another of Roosevelt's breezy sketches of ranch life; definitely begins, in a deeply interesting contribution, finely illustrated, Kennan's Siberian papers; has a rather commonplace love story by Bellamy, and a most touching and human rhyme by Whitcomb Riley; deals, in the Life of Lincoln, with the attitude of "the Border States;" offers an unusually delightful collection of Bric-à-Brac; and, though falling perhaps a trifle below its high standard in fiction, exceeds it in delightful essays. New York: The Century Company.

BOOKS AND PAMPHLETS RECEIVED.

REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD. By C. Neidhard, M.D. Philadelphia: F. E. Boericke.

ACCIDENTS AND EMERGENCIES. By Charles W. Dulles, M.D. Philadelphia: P. Blakiston, Son & Co.

A TREATISE ON DISLOCATIONS. By Lewis A. Stimson, B.A., M.D. Philadelphia: Lea Brothers & Co.

THE LANGUAGE OF MEDICINE. By F. R. Campbell, A.M., M.D. New York: D. Appleton & Co.

ATLAS OF VENEREAL AND SKIN DISEASES. Fascicle V. By Prince A. Morrow, A.M., M.D. New York: William Wood & Co.

MISCELLANY.

THE number of boys, in the cities especially, who begin to smoke cigarettes at the age of ten or eleven years is enormous. In most cases the habit is not indulged in excessively, and no serious harm is done, though growing boys cannot take nicotine without suffering from it to some extent. In not a few cases chronic disorders of the nervous system occur. The report comes from Philadelphia of a boy, eleven years of age, who died from tobacco-narcosis. He had been smoking half a dozen or more cigarettes daily for ten months.

There could be no more salutary law than one forbidding the sale of cigarettes to minors. — *Medical Record*.

ODD ORDERS AT THE COUNTER. — From a list of articles asked for at the druggist's counter, published in the "National Druggist," we extract the following amusing specimens as fair samples of every-day experience: —

"Send me some of your essence to put people to sleep with when they cut their fingers off. I want something to take tobacco out of my mouth. Send me a baby's top to a nursing bottle. Something for a sore baby's eyes. Enough ipecac to throw up a girl four years old. Enough anise-seed to take the twist out of a dose of senna. Something for a woman with a bad cough, and cannot cough. Something, I forget the name, but it is for a cure for a swelled woman's foot. For a man with a dry spit on him. For a woman who appetite is loose on her." — *College and Clinical Record*.

MULLIN. — "Oi hev a chinder in me eye, from the gas-house!"

MRS. MULLIN. — "Sorra! sorra! This is pfwat yez'll do: Hould yure nose wid wan hand; tur-rn th' lid av yure oye insidy-out wid th' other; kape yure mout' shut, an' shneeze like th' divil!"

MULLIN. — "Oi t'ink Oi'll kape th' chinder, Rosie!" — *Puck*.

WHO ought to have a nice wardrobe? A hospital nurse. — *Puck*.

TWO of the most important industries of this country, seem to be base-ball and dyspepsia. — *Puck*.

A ST. LOUIS physician, whose vision is not of the best, has hit upon a happy thought to avoid having his buggy run into at night. He hangs a red lantern from the centre of the hind axle, and says (in a tone of triumph, such as must have been Archimedes', when he exclaimed "Eureka"), "Everybody now takes me for a pile of rubbish, and drives around me." — *Clinical Reporter*.

DR. O'HANLAN, of the Gouverneur Hospital, reports a case of œdema of the lungs, which was relieved by turning the patient flat on the chest with the head hanging down. The serum flowed from the mouth and nose, and the breathing was promptly relieved. — *New-York Medical Times*.

PERSONAL AND NEWS ITEMS.

THE Homœopathic Medical Society of Ohio met at Delaware, in that State, on the 8th of May. There was a good attendance, and an interesting and enthusiastic meeting. The following officers were elected: C. E. Walton, M.D., President; C. L. Cleveland, M.D., first Vice-President; Frances J. Derby, M.D., second Vice-President; Frank Kraft, M.D., Secretary; C. D. Crank, M.D., Assistant Secretary; H. Pomeroy, M.D., Treasurer; H. E. Beebe, M.D., Chairman Board of Censors.

The next session of the Society is to be held at Cincinnati on the second Tuesday in May, 1889.

THE commencement of the New-York Homœopathic Medical College and Hospital was held in Chickering Hall, on the afternoon of Friday, April 13. Addresses were made by the Dean, Professor Allen, by Hon. Rufus Corning and Rev. Dr. Bowles. The graduating class numbered forty-eight. The first and second prizes for scholarship were awarded respectively to Frederick W. Hamlin of New York City, and Edward S. Smith of New Haven, Conn. It is expected that the new college building will be ready for occupancy at the opening of the session of 1889.

WILHELMUS B. ROBINSON, M.D., class '88, New-York Homœopathic College and Hospital, has located at Easthampton, Mass.

CLARA C. AUSTIN, M.D., has removed to No. 11 Allston Street, Boston. Her office hours are from 7 to 9 A.M., 2 to 4 and 8 to 9 P.M., and her telephone number is 2476.

DR. J. B. HARVEY has removed from Cohasset to Holliston, Mass.

MORE BOOKS GIVEN AWAY.—The Homœopathic Medical Society of the State of New York still offer a few incomplete sets of their Transactions at (\$1.25) one dollar and twenty-five cents; parties wishing any odd volume or year can obtain them by the payment of the simple item of postage. The postage on the several volumes is as follows: viz., for 1870, 27 cents; 1871, 22; 1872, 32; 1873-74, 20; 1876-77, 17; 1878, 21; 1879, 15; 1880-81, 22; 1884, 20; 1885, 20; 1886, 22; 1887, 22.

Orders for odd volumes may be sent to Edward S. Coburn, M.D., Troy, N.Y.; and for sets, to A. B. Norton, M.D., 152 West 34th Street, New York.

GEORGE B. PECK, M.D., Providence, R.I., writes: "I have under observation, a patient who came nearer dying from gastritis than was pleasant either for herself or myself, that has been built up entirely on Lactated Food, keeping it down and assimilating it when the only other article that could be retained was hot gum-arabic water. . . . The fact is, that a physician who fails to resort to Lactated Food woefully neglects one of the very best dietaries that we have yet obtained."

OPINION OF DR. H. R. WALTON, ANNAPOLIS, M.D.—"Colden's Liquid Beef Tonic" is a most excellent preparation. It is par excellence superior to cod-liver oil, or any thing I have ever used in wasted or impaired constitutions.

It is not only invalids and children who delight in Mellin's Food, but a large class of consumers whose digestive organs require delicate treatment. The Food is so nourishing and so delicious, that those with any delicacy of constitution will find it better than medicine, and the concentration of nourishing properties. Every year increases its popularity with the medical profession.

OBITUARY.

THERE died at New Britain, Conn., April 23, 1888, Mrs. Anna B. Greenleaf, sister of the late Hans B. Gram, M.D., aged 86 years and 10 months. Dr. Gram is well remembered as the physician who first introduced homœopathy into the United States.

WE chronicle with sincere sorrow the death, in New York, on the 11th ult., of Mrs. Frances A. Dowling, wife of Dr. J. W. Dowling. Our honored colleague has the sympathy of a wide circle of professional friends in his heavy bereavement.

DR. CLEMENCE SOPHIE LOZIER, the well-known Dean of the New York Medical College for Women, died suddenly on the 26th of April last, at the age of 65. She was one of the most generous benefactors of the college with which her name was so long identified, and a highly successful and much-beloved physician. But one of her seven sons survives her.

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Boston, Mass.

EDITORIAL.

—♦—
MORE DOCTORS YET.

THE just-passed host of college commencements, which have given to the world such a substantial addition to the number of its would-be healers, may well raise in the breast of the medical pessimist a paraphrase of Dobson's musical wail, which would read:—

“‘More doctors yet!’ I hear him say,
Raising his heavy hand to slay.
‘Despite my skill and swashing blow,
They seem to sprout where’er I go;
I killed a host, but yesterday.’
Slay on, O Hercules! You may.
Your task’s at best a Hydra-fray;
And though you cut, not less will grow,
More doctors yet.”

This flooding of the community with semi-accredited M.D.'s, so few of whom can reasonably be expected to be of any conspicuous use in it, so very few of whom can look to gain any conspicuous success in it, is indeed becoming a serious threat to the honorable standing of the profession; and, as our genial contemporary the “Era,” in a recent pithy editorial on the subject, truly says, “it is time to call a halt.” To minimize the number of medical graduates, would without doubt be to benefit both the profession and the community. And to this end, some

effort more personal than the law of survival of the fittest must be directed. This law is of material assistance, it may be consolingly remembered ; since reference to statistics shows that an appreciable per cent of those who enter the medical profession drift out of it into other more "paying" occupations, in the course of a few years ; but the fact remains that too many quite unfit physicians survive as such. Doubtless this difficulty is best treated at its inception. As the "Era" justly points out, preceptors are in no small measure responsible for it, and may profitably quicken their consciences as to the type of student whom they encourage to enter the profession. Third and fourth rate medical colleges are prolific breeding-places for this evil, and cannot be too soon legally supervised to extinction. It is well to suggest, in this connection, however, that the test proposed by the president of the American Medical Association at its last meeting — namely, that any college failing to matriculate a class of fifty, for three consecutive years, should forfeit its charter — seems ingeniously adapted to create rather than suppress third-rate colleges. The struggle for large classes certain to ensue on any such (fortunately impossible) legislation would be fatal to the maintenance of high standards of scholarship. Such a suggestion, coming from so influential a quarter, is an odd illustration of that old error of allopathy, that size is the all-important qualification, the one unimpeachable test of value : whether in therapeutic dose, or scientific society, or code of ethics. One would think that late demonstrations in bacteriology would have done much to correct this impression ; but it is apparently ineradicable, and size remains as worshipped a fetich of the regular school of medicine, as of the disciples of Mr. John L. Sullivan. To legislate a reform, however, by which medical colleges should hold their charters only on the quality of the teaching given in them, a comprehensive curriculum, and above all a prolonged term of study, would do much toward minimizing the annual crowd of medical graduates. And this, without doubt, is a consummation devoutly to be wished.

WHEN you have the rheumatism, if you put your leg through the window the pane will be gone. — *Medical Era*.

EDITORIAL NOTES AND COMMENTS.

THE UTILIZATION OF ELECTRICITY AS THE MEANS OF INFLICTION OF THE DEATH PENALTY, which was alluded to in these pages several months ago, has since received the sanction of the Legislature of New York, and will obtain in that State after the first of January next. This fact should everywhere be received with deep satisfaction, since, as the "Nation" in a recent issue so truly says, it will "put an end to a great deal of revolting barbarism." Modern science has done incalculably much for the financial interests of man; and it is good to see it now offering its resources to the humanitarian for a labor which, however grimly so, is certainly a labor of mercy. Science has done no better service to civilization than by providing the means of making the death penalty indeed and simply the death penalty, with no adjuvants of torture, no horrors to feed the public depraved appetite for such. Doubtless all care will be taken, all detail studied, in the appreciable interval before the new law takes effect, to insure its certain and unfailing operation.

It is a good and encouraging thing to mark how, almost without exception, the public press voices public approval of this measure, which pre-eminently satisfies the demands of justice, with no infringement of the laws of mercy. In curious and somewhat painful contrast to this general approbation is a brief editorial in a prominent Boston daily newspaper, which lately seemed to show as alive in our midst a spirit of conservatism little better than Chinese; an advocacy of suffering for suffering's sake, which read like a lay application of the Andover creed. This paragraph advanced the proposition that the death penalty is inflicted on a murderer "not for purposes of removal, but for purposes of punishment,"—a sentiment strangely at variance with every tenet of civilization, and whose logical outcome would restore the caldron of boiling oil as a much more effective "punishment" than even the gallows presided over by a bungling Jack Ketch. Such utterances convince one that the scientific standpoint is less soulless than it is often held to be,

and that suffering humanity — suffering even in its happiest estate, and suffering indeed when standing, in keen consciousness, on the brink of an open grave — is safer in the hands of this much-maligned science than in those of lay bigotry and prejudice. Science, we must repeat, is to be thanked for the teaching whose fruit is the saving of purely gratuitous and purposeless pain. Let us hope that science, not scorning the aid of insight more spiritual than its own, may sometime so far aid humanity in the solution of the two terrible sphinx-riddles of heredity and environment, that its aid may no longer be sought in forever banishing from humanity the poor wretches whom heredity and environment have done so much to conduct to their doom.

THE FIGHTING IN AMBUSH which, even on surprisingly small battle-fields, is so favorite a resort of our friends the enemy, is interestingly instanced in a bill which was lately defeated in the Massachusetts Legislature. A citizen of Northampton, Mr. Cooley Dickinson, left in his will provision for a hospital for that city, without in any way specifying that said hospital was to be under the control of any particular school of medicine. During the last session of our legislative bodies, there was quietly introduced, by interested friends, the following bill, which convincingly speaks for itself:—

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

To amend the Charter of the Cooley Dickinson Hospital.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The Cooley Dickinson Hospital shall appoint from time
2 to time and in such manner as it may elect, from the members of the
3 Massachusetts Medical Society who at the time of their appointment are
4 citizens of the city of Northampton or of either of the towns of Hatfield
5 or Whately, a medical staff for said hospital, who shall severally hold
6 their offices for such terms as the corporation shall decide.

1 SECT. 2. This Act shall take effect upon its passage.

It is highly creditable both to the quick perception and the

love of fair play of the "fathers of our State," that this bill should have met with conclusive defeat, and the monopoly aimed for should be hopelessly missed. It is but a small happening, but it is a very suggestive one, and demonstrates afresh, that with homœopathy, as well as several other things, "eternal vigilance is the price of liberty."

THE QUESTION OF ALCOHOLISM, like that of the poor, is always with us, and no intelligent discussion of it can be without interest. We feel sure our readers will find worthy their serious consideration, the three able papers on this subject, written from such widely differing standpoints, which are offered in our present issue. For ourselves, we confess to warm sympathy and agreement with the position taken by Dr. Paine: feeling, as we have often admitted that we do, that some such position, while sound scientifically, is the only sound position viewed sociologically. Too great a sympathy with the drunkard, — sentimental, not practical, sympathy being of course meant, — is far too great a fostering influence for drunkenness. The teaching that hereditary influence is inevitable, is final, is destructive of all individual responsibility, — such teaching is the very Calvinism of science, and scarcely less paralyzing in its results than its theological prototype. To say, with Dr. Paine, that the final appeal is to the will of the individual, is to strike at the very root and necessity of the matter. To insist upon, or even admit, total irresponsibility in any individual instance, is to destroy self-respect, and with it the last hope of resolute or effective action. The picture of the House of Detention for drunkards, which shall be a sort of moral sanitarium, as drawn by Dr. Paine, is one which every student of this pressing question should ponder thoughtfully, and do his utmost intelligent endeavor to bring from Utopia into every-day life. The work which would fall to the officers of such an institution may well be commended by scientists to their theological friends, as worthy the best powers of their best missionaries, and calculated to save the expenses of an outfit for and a journey to Borrioboola Gha.

Before concluding this brief comment, we must, while cor-

dially assenting to Dr. Cushing's propositions as to the use of pure alcohol in various pathological conditions, enter protest against his suggestion of its value in cases suffering from the abuse of alcohol in impure and adulterated forms. We fear that the physical benefit derived from even the purest liquors, administered in such instances, would be more than counterbalanced by the moral effect of the patient's knowledge that his physician had consented to his use of liquor in any form. Dipsomaniacs are not given to nice distinctions; and the prescription of pure liquors for such would too probably, in their perverted reasoning, be held to justify, in real or imaginary need, their recourse to any kind of liquor then immediately attainable.

COMMUNICATIONS.

A PECULIAR CASE.

BY D. W. VANDER BURGH, M.D., FALL RIVER, MASS.

JOHN BOOTH, late a private in Company F, Twenty-ninth Regiment Massachusetts Volunteers, on the eleventh day of January, 1888, passed from the rectum a leaden bullet, now weighing one hundred and sixty grains, much honeycombed as though eaten by acid, and preserving but little resemblance to its original shape.

Mr. Booth was wounded at Antietam on the 17th of September, 1862; but always, until lately, supposed it to have been only a flesh-wound.

There is a slight scar on the right side at the lower edge of the ribs, about six inches to the right of the umbilicus.

The wound caused him little disturbance at the time he was wounded, though there was hemorrhage enough to run down into his shoe, but not enough inconvenience to make him fall back, nor to examine himself until after the charge in which he was engaged.

He was taken with diarrhœa soon after (a week or two), which compelled him to go to the hospital, from whence he was discharged in the course of about four months, after being treated for diarrhœa, and resulting piles.

He has been ever since subject to attacks of cramps of the bowels, of extraordinary severity and frequency, accompanied by diarrhœa. He says he has had two hundred such attacks.

Since last October or November, however, there has been a great mitigation of the symptoms.

There is an eczematous eruption on legs and feet, dry and scaly on former, and moist on latter, together with some numbness and formication on legs.

His symptoms have some similitude to lead-poisoning, and I suppose that to have been the cause of his frequent attacks.

THE CURABILITY OF CHRONIC NASAL CATARRH.

BY EDWARD B. HOOKER, M.D., HARTFORD, CONN.

[Read before the Connecticut Homœopathic Medical Society.]

CATARRH has long been the bane of the physician, and the boon of the quack. The latter still thrives on it, while the former honestly confesses that it too often baffles him. It will be the purpose of this paper to show why failure so often occurs, and to point out, as accurately as present knowledge permits, some of the measures most likely to afford relief. I venture to do this because for some time I have been devoting special attention to the subject, and have already accumulated data from which fairly accurate deductions can be drawn.

Failure has largely resulted from the fact that too little discrimination has been used in the diagnosis, and in the remedies employed. Every disease of the nose and throat of a chronic nature has been called catarrh, and there the diagnosis has stopped, while totally different conditions have received the same treatment. This inaccuracy is largely due to imperfect means of examination, without which but little can be accomplished. The instruments needed for examining the nose and throat are few in number. The first essentials are a good light, and a mirror to reflect it. Sunlight, when obtainable, is the best of all. It can be caught on a mirror placed in a window, and thence reflected to the mirror of the operator. Next best is the electric light, but troublesome, not always to be depended upon, and somewhat expensive. An argand gas-burner does very well, or a kerosene-lamp with a brilliant broad flame, both of which are improved by a Mackenzie condenser. The next essential is a good nasal speculum, and the simplest is the best. I am sure that many failures to arrive at a correct diagnosis are caused by imperfect dilatation of the nostrils. A tongue-depressor, several small throat-mirrors, a palate-hook, a flexible probe or two, and the armamentarium for the examination of the nose, both anteriorly and posteriorly, is complete. The instruments required for the treatment of the various nasal

and throat diseases are more numerous and elaborate, and I will not attempt to enumerate them. Suppose now a patient is before us, the nostril dilated and the nose illuminated, what can we see? Ordinarily we can see the inferior turbinated body, the middle turbinated body, and the septum. These stretch backwards, and if there is plenty of room, nearly their whole length can be discerned by the practised eye. The floor of the naris can be seen, but not the roof, or the superior turbinated body. If the view is not too much obstructed, a small patch of the posterior wall of the pharynx, as it curves forward to form the vault, can be detected. In such a case, if the patient be directed to swallow a little water, the soft palate will be seen to rise, as it touches the back and sides of the pharynx to keep the liquid from being forced up into the nose. This is all that can be seen; but it is enough, for we can study the condition of the turbinated bodies, learning whether they are congested or anæmic, hypertrophied or atrophied, and what the nature of the nasal secretions is. The septum is before us, and we can ascertain whether it is deviated to one side or the other, thickened or bent, whether it has any bony or cartilaginous growths upon it, and whether it is ulcerated or perforated. If tumors, polypoid, fibrous, or cancerous, are present, they can be detected.

With the aid of the throat-mirror we can see the vault of the pharynx, the openings of the Eustachian tubes, the posterior openings of the nares, and the posterior extremities of all three turbinated bodies, and the septum. In this region the altered secretions are most likely to collect. The knowledge thus gained supplements and renders complete the information obtained by the anterior inspection. If, after an examination without the use of local anæsthesia, the nose be sprayed with a four-per-cent solution of cocaine, additional information will be gained. There will be more room for inspection; if hypertrophies exist, their density will be shown by the greater or less degree of contraction they undergo, and the secretions can be thoroughly wiped out without pain, leaving the surfaces clean for examination.

One of the first things that one observes, after examining a number of noses, is the great irregularity in the conformation of the septum. Now, in the normal nose it should be vertical, or nearly so, with comparatively smooth sides. It is the exception rather than the rule to find such a septum. Often the irregularities are trivial and of no importance, the septums varying in different individuals, as hands, feet, and eyes vary. Yet surprisingly often the irregularities are so great that they may be truly called deformities, and are comparable

to club-feet, cleft palates, and crossed eyes. The septum is thickened, slanted, deviated, and curved, both horizontally and vertically. It bulges out in one place and in at another, and is the seat of cartilaginous and bony growths. These deformities are often the cause of serious trouble. If the septum is curved or thickened, so that it projects too much into one side of the nose, the breathing space of that side is diminished. And if the projection is so great that it comes in contact with one of the turbinated bodies (usually the lower), that side of the nose becomes nearly occluded, an irritation is created and kept up, the secretions are altered in quantity and character, and the air in the pharynx is alternately condensed and rarified with expiration and inspiration. The nose does not suffer alone; the pharynx, larynx, Eustachian tubes, ears, nasal ducts, and eyes are liable to be affected also. How futile to attempt to treat such a case by remedies alone, or by sprays, or by snuffing salt water! Yet in proper cases all these measures are useful. Unless such a case be examined, and a correct diagnosis reached, it might be treated symptomatically until doomsday — and for some time afterwards — without accomplishing any thing save the transference of perpetual fees from the pocket of the victim to the pocket of the victimizer. Such an arrangement is not without its attraction, to be sure, but, as was at first observed, the quack, and not the honest practitioner, desires it. Such a case can be cured, and cured radically and permanently, by surgical measures alone; and since the discovery of cocaine a new era in nasal surgery has dawned for both physician and patient. Operations are now practicable which were but a short time ago almost impossible, because of their painful nature, since few persons were willing to stand the pain, preferring to bear the discomfort and annoyance of the disease. But by the use of a sixteen-per-cent solution of cocaine the septum and turbinated bodies can be anæsthetized to a considerable depth, and in a majority of cases quite severe and protracted operations can be performed absolutely without pain. I do not mean to say that the patient enjoys them, or that they are pleasant, but that they are not painful. But in all frankness it must be admitted that there is a small minority of cases in which cocaine fails to exert its useful effect, and in which pain in various degrees is felt. I have twice had to abandon operations, and accomplish considerably less than I originally intended, because the patients absolutely could not endure the pain. Happily, however, these instances are the exception and not the rule.

Deformities in the septum produce not only effects within the nose, but they are the cause of more remote effects as well. It

is claimed that asthma, chronic laryngitis, pharyngitis, enlarged tonsils, chronic inflammation of the Eustachian tubes and middle ears, and chronic inflammation of the nasal ducts and eyelids, are caused by them; and in many cases there is doubtless a relation between disease in the nose and the organs mentioned. But there is danger of carrying this idea of cause and effect to extremes, for there are cases of nasal deformity without any of these accompanying diseases, and these diseases exist in persons with normal noses. I wish to protest against indiscriminate operations. The nasal septum should be allowed as much latitude as other portions of the body, and, unless its irregularities reach such degree that they may reasonably be considered the cause of disease, it should be let severely alone. But when the deviation, or bulging, or thickening, as the case may be, keeps up an irritation which alters the character and quantity of the nasal secretions, or obstructs nasal respiration, so that the patient breathes through the mouth either at night or during the day, especially when walking or exercising, then the septum is a fair field for operation, and the result is almost-always good.

A word here about the evil effects of breathing through the mouth will not be out of place. Nature intended us to breathe through the nose, and therefore provided that organ with means for removing foreign particles from the air, and for warming and rendering it moist. A man who is blessed with good digestion and a clear nose wakes in the morning with his mouth in a sweet condition, and with his tongue and throat moist and flexible. He who sleeps with his mouth open wakes with a foul taste, his tongue is dry and stiff, his throat is parched, and his lips are covered with sticky saliva. The nightly repetition of this mouth-breathing may work serious injury to the pharynx, larynx, and possibly to the lungs, and it is still more likely to do so if the habit is also continued by day. It is exceedingly important to keep the mouth shut, but unfortunately few people have perfect control over this backsliding and impulsive organ. With the ever-present reporter in our midst, it has become almost as dangerous to open the mouth as to write letters. In support of this proposition, I need hardly call to your mind the fact that if Blaine had not written letters, and Burchard had not opened his mouth, the former would in all probability be President to-day.

Catarrh is a somewhat indefinite term, and it will add to our understanding of the subject to define it, and to enumerate the various diseases of the nose which come within its definition. Catarrh is an inflammation, acute or chronic, of the mucous membrane, attended by a discharge altereu either in character or quantity from the normal secretion. In chronic catarrh the

mucous membrane itself undergoes alteration. There are a number of forms of chronic nasal catarrh, of which the following are the most common :—

1. Chronic coryza : simple chronic rhinitis.
2. Hypertrophy of the turbinated bodies : hypertrophic rhinitis.
3. Atrophy of the turbinated bodies : atrophic rhinitis.
4. Post-nasal catarrh : posterior nasal pharyngitis.
5. Discharges caused by polypi.
6. Ulcerous catarrh : syphilitic or scrofulous rhinitis.

The list might be greatly lengthened by including diseases more rarely seen, but these six forms are the most common, and are especially interesting since the first four are frequently caused sooner or later by deformities of the septum. The restoration of the septum to its normal state is, therefore, of the first importance in their treatment. As a paper of this kind must be limited, I shall consider only the restoration of the septum, and the reduction of hypertrophy of the turbinated bodies, since in accomplishing these two things an exceedingly important end has been gained ; viz., the restoration of nature's method of breathing. The instruments used to remove growths and enlargements of the septum, and to straighten curvatures (when the septum is thick enough to warrant it), are the knife, the saw, and the drill, the last being made to revolve by the electric motor. Each instrument has its ardent supporters, and all are more or less effective. I have used only the saw, and regard it as the most useful of the three. The best one is Bosworth's or Bucklin's nasal saw. In dozens of operations upon the septum I have yet to find a growth which this little instrument cannot remove. These operations upon the septum are often very bloody, yet the hemorrhage is usually readily checked. My first operations were undertaken with some trepidation, for fear of uncontrollable bleeding, but there is little to fear in this regard, for the nose can be securely packed with cotton, and the most profuse hemorrhage certainly controlled, save a semi-watery oozing, which, though annoying, is free from danger. The hemorrhage is, however, a source of hinderance to the operator, since it obscures his vision, and causes delay ; otherwise it is not to be feared. I have found that one of the main points is to get a good start, and then operate so rapidly that the most difficult part is finished before the nose fills with blood. Another point is to begin at the bottom of the growth, and saw upward, since the blood seeking the floor of the nose leaves clear the portion above which is yet to be reached by the saw. But often in spite of the most rapid work, the blood flows so rapidly that the nose has to be again and again wiped out in

order to see where to operate. It is of prime importance to leave a smooth even surface, since roughness or irregularity affords a catching place for secretions. Usually the wound heals kindly, and the mucous membrane is reproduced. Occasionally less fortunate results occur, and the surface has a tendency to scab over, catching secretions and holding them, forming hard masses which obstruct the nose; but in time even the most obstinate of these places can usually be brought into a healthy state. The nearer the anterior opening of the nose, the easier the operation, but the saw can be made to reach growths near the posterior end of the septum, though the operation is sometimes attended with great difficulties.

Hypertrophy of the turbinated bodies may be reduced in four ways; viz., the application of pure nitric acid, of the deliquescent crystals of chromic acid, by the galvanic cautery, and by the cold snare. The method used depends somewhat on the position, shape, and condition of the hypertrophy. I have employed all these measures, but in the majority of cases use chromic acid, or the white-hot platinum wire. With children, who are very frequently troubled by stoppage of one or both nares, the hypertrophies are usually soft, and are readily contracted by a course of chromic-acid treatment. I have used the galvanic cautery on children a few times, but it is necessary to be exceedingly careful, and to protect the nostrils, as a sudden movement at the wrong moment might result in a serious burn, possibly with permanent scars at the edge of the nose. The chromic acid should not be applied to the same region oftener than once a week, and the nitric acid and actual cautery not oftener than once in two weeks. When the hypertrophies are hard and dense, the galvanic cautery and the snare are the most effective. My method with the cautery is to make a somewhat deep horizontal groove upon the hypertrophied tissue; and when healing takes place, contraction occurs, and the hypertrophy is diminished. It is stated that there is danger of erysipelas after cautery of the nose, but I do not believe it is any more likely to occur than after other operations. I have not yet had a bad result out of many instances of its use. A spray of liquid cosmoline forms an excellent dressing after operations upon the septum and turbinated bodies. It may be used alone or carbolated. Unless there is hemorrhage to be checked, no other dressing is necessary.

The curability of chronic nasal catarrh depends, as we have attempted to show, upon first finding out just what is the matter, not by inference from the subjective symptoms alone, but by a thorough examination of the parts affected, and then applying the proper remedy. The examination will often disclose irregu-

larities, growths, and thickenings of septum and turbinated bodies, which can be corrected or removed, and, with their removal, the symptoms of which they are the cause will disappear or become greatly modified. I do not claim that every case of catarrh is curable, but simply that many cases, even of long standing and of supposed incurability, depend upon causes which can be removed, and can therefore be cured, or, at least, greatly relieved.

It is noticeable that constitutional treatment seems to have but little part in the measures suggested. Are our well-tried remedies to be abandoned? By no means! The forms of catarrh upon which emphasis has been laid are those to which local and mainly surgical treatment is best adapted. There are other forms whose only hope of cure rests upon the internal remedy. We must discriminate. Iodine in a scrofulous subject will very likely heal a suppurating gland or relieve a catarrh, but it will not set a broken leg or straighten a curved septum.

ALCOHOLISM.

BY ALBERT DAY, M.D., SUPERINTENDENT OF THE WASHINGTONIAN HOME, BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

ALCOHOLISM is a term used to designate collectively the morbid phenomena caused by the use of alcohol.

This and other terms are in common use to describe such conditions and outbreaks in alcoholic individuals as amount to veritable morbid states, or attacks of sickness; but they are not interchangeable, nor are they all sufficiently comprehensive to constitute true synonymes. They are names applied to various conditions due to acute or chronic alcoholism, poisoning properly, and distinctively comprehended under the general term alcoholism.

The history of alcoholic abuse would be the history of society from the most remote period until the present time, and it forms a dark background to the broad picture of healthful human progress.

The influences which predispose to alcoholism arise from unfavorable moral, social, and personal conditions.

Among the unfavorable moral conditions may be mentioned a want of wholesome public sentiment on the subject in communities. This arises too often, but by no means exclusively, from poverty and its attendant evils,—ignorance and vice. Rum is at once the refuge and the snare of want, destitution, and sorrow. To the vacant and untrained mind it brings a boon

not otherwise to be had, — excitement and oblivion. That both are brief, and bought at a ruinous cost, exerts little restraining influence.

Of equal, if not greater, importance, are the influences which spring from ill-regulated and demoralizing domestic relations, and the absence of motive, and of the contentment which properly belong to the family as an organization.

In the individual, in addition to hereditary propensities, the evil results of a lax, over-indulgent, or vicious early training, as shown in a want of power of application, of moral rectitude, in self-indulgence, craving for excitement, and a weak will, so called, powerfully predispose to the temptations of alcoholic excess.

The administration of alcohol during convalescence from attacks of illness is not unattended by the danger of subsequent abuse. It seems to me a physician ought to inform himself of the hereditary tendencies and previous habits of the patient before assuming the responsibility of administering alcohol in any form, even in the acute stage of disease. I shall not attempt to discuss the question of the medical use of alcohol: I only suggest the propriety of the greatest care in its use, if its administration is ever necessary in disease.

Irregularities of the sexual functions in both sexes, and especially sexual excesses, strongly predispose to alcoholism.

The excessive use of tobacco has a depressing effect; and alcohol is a prompt and efficient antidote, and is an important predisposing cause of alcoholism. Depressing mental influences of all kinds tend strongly to drinking habits. This is true of persons in all classes of society. Habit constitutes an influence, the importance of which can scarcely be over-estimated. Other causes could be enumerated, but time will not permit me to go beyond some of the more important causes of alcoholism.

In treating this disease we find numerous developments, of which alcohol must be the prime cause, such as mania in various forms, convulsions, visceral derangements, as of the liver, the respiratory system, the circulatory system, the genito-urinary system, the locomotor apparatus, the skin, the blood, cerebral disorder, spinal disorders, the moral senses, the intellect, melancholia, dementia, and numerous other systemic derangements too numerous to mention; and it may be truly said that various forms of disease exert a predisposing influence to alcoholic excess. In the first place, bodily weakness, and inability to cope with the daily tasks imposed by necessity, impel great numbers of persons of feeble constitution, especially among the laboring classes, to the abuse of alcohol.

There are many conditions of chronic disease, attended by suffering, which are susceptible of great temporary relief from the taking of alcohol. Indeed, I find a vast number of inebriates who are such by sequence from antecedent causes.

Injuries to the head in children are apt, in adult life, to develop acute alcoholism, and, ultimately, insanity.

The prophylaxis of alcoholism has regard to communities at large, as well as individuals; and the sale of intoxicating drinks constitutes one of the more important objects of State medicine, and during the next decade it will enter the politics of the country. How the question will be decided, remains for the future to determine.

The first and most important consideration in the treatment of alcoholism is the withdrawal of alcohol immediately and absolutely, and the after-treatment must be governed by circumstances in each individual case.

I would not venture to attempt the discussion of mental pathology to any considerable extent at this time, but I will say a few words in relation to that quality of mind denominated "motive or will." By motive, I mean the whole of that which moves, incites, or invites the mind to volition, whether that be one thing singly or many things conjointly.

Therefore motive goes before will or volition, as will goes before conduct. There is, and must be, an initial, a starting-point, in all mental operations which end in physical action or in mental conclusions. Oftentimes, indeed, this condition of want is unquestionably a constitutional longing for some necessity, uprising in the physical, mental, or moral nature, and which is the outcome, or sum-total, of organic changes in the system at large: just as the feeling of hunger is the result of analogous organic changes. At any rate, motive is a state of mind in some way established anterior to will and conduct.

It must be conceded that sound motive implies healthy body and mind. This further presumes a normal strength of rational faculties, combined with a right state of the sensibilities. Reason cannot form a healthy motive without being modified and softened and properly toned by just moral principles. Nor can morality or religion, as generally interpreted, with all its refining qualities, suffice for healthy and rational motive, unless it is corrected and limited within practical bounds by the purely rational functions. The moral and the intellectual faculties must not only act in harmony, but they must preserve a just appreciation of the laws and the wants of the environments in order to insure a desirable display of will. The result and objects of mental force are merely the reflection of the characteristics, sound or unsound, of that force. If mental effort,

commencing in motive, is unsteady and divided and bewildered, the resulting conduct will truly interpret all these deficiencies.

If, therefore, the motive, the condition of mind or disposition, antecedent to and impelling to volitional activity, is the outcome of a state of constitutional nerve disability or disease, the resulting phenomena will partake of the nature of such motive. The will, and the conduct following from the will, in such a contingency, will be lacking in some of the essential properties of perfection.

It is not my intention to claim that bad motives must necessarily be the offspring of physical disease. I see no reason why a bad motive may not also be a sound motive, in so far as any question of morbid origin enters into the subject. There may be a selfish and vicious sensuality, which is often under the power of the will, but which is permitted to incite a crime, and deserves punishment. But that there is also a morbid basis for motive, so morbid as to be uncontrollable, is, I think, incontestable. In those cases where a rational doubt exists as to the inception of harmful motive, there is no tribunal that can determine between guilt and misfortune, but the law must here give to the one accused the benefit of the doubt.

The established doctrine of all the metaphysicians is, that mind is always a unit. No matter what the mental act may be, whether of reason, or of sensibility, or of will, or whether of any of the subservient and minor properties of mental activity, the doctrine is, that in each and every particular the mind acts as a whole, — as a unit, for the time being. There is absolutely no difference of opinion among mental philosophers on this point.

Without noticing certain modifications to this doctrine, suggested by high authorities in mental pathology, I will assume this metaphysical opinion to be correct. What is the inference to be drawn? Clearly, that if the mind is defective in one point, or one department, it must be defective in all. If the motive actuating mankind is the outcome of sound health in all particulars, the will to act in obedience to it, and the various mental steps in affecting the particular practical behests of it, will all display a sound and regular procession from one point to another, — from the first suggestion of the mental want to its final consummation in fruition. The line of sequences, mental and physical, will then preserve a natural harmony in all its parts, and will harmonize also with the sentiments of the average minds of men as they view the facts of the case.

But suppose the motive preceding obvious mental activity is not healthy; suppose it is the outcome of disease, of injurious habits, of damages to the brain, or the body otherwise, which

have become constitutional in their effects ; which, in fact, have thwarted the growth of just conceptions, and warped the sensibilities of the mind into unnatural or morbid feelings,—what, then, would be the consequences of mental acts flowing from such motive? The conduct of men under the influence of motives thus superinduced, would hardly comport with the requirements of sound reason and good taste. In view of the facts and principles applicable to the subject, the presumption seems reasonable; that in a vast number of instances the actual motive influencing conduct, with respect to alcoholic drinks, is found in the conditions of a morbid neurotic constitutional abasement. The motive to drink in such cases arises unbidden in the mind upon some inward and irresistible feeling; and this feeling is often aroused by the presence of temptation, appealing to the neurotic diathesis through the senses. In a large class of drunkards we find something of the following nature: First, the presence of the unstable neurotic temperament calling for intoxication; and, second, an urgent mental force incited into activity, demanding alcohol as a means of establishing intoxication.

But the character of the mental power so incited cannot be that of true and perfect will. The state of mind inciting its activity is not sound and normal. It therefore follows that the active force in the present instance is not really will, but is something subservient or illegitimate, associated with mental defects,—such force, for instance, as emotion, instinct, or impulse.

The question as to capacity for refraining from intoxication in dipsomania, may be illustrated by the true history of any case that happens to come under review. The dipsomaniac is certainly affiliated with the insane. Ordinarily, he may be shown to be a mere link in a chain of family insanity.

I will give an example or two illustrating my meaning. J. E. nearly thirty years ago came under my observation. He was what was termed a periodical drinker. He would be perfectly sober for several months, and attend to his business regularly. But suddenly a paroxysm for drink would come upon him without the least external cause, and for several days he would be furious, and even dangerous. He would abuse his wife in the most brutal manner, turn her out of doors, destroy his furniture, and break up his house generally. During the Moody and Sankey revival, so called, he became religious. He called especially to inform me that he had found a true cure for his unfortunate habit,—he was a religious man.

I, of course, congratulated him, but warned him to be very careful, and not place himself in the way of temptation. His

reply was that there was now no danger; he relied on a higher power now, and that he could not be tempted to drink.

A few months after, news came to me that he had again become intoxicated, went home, took a razor in his hand, went and sat down in his wife's lap, and then and there cut his throat, and died instantly. In learning the history of his family, I found several of his family had been insane. I could not learn that any of them were drunkards, but in one way and another insanity was manifested. On his father's side, however, there had been periodical drinkers, but none were considered drunkards.

This is an example of dipsomania, and not deflection in mind and morals which calls for discipline. Here the inebriate diathesis is a symptom, and not a cause, of unsound mind. The capacity for freedom of choice is defective, if not destroyed; and, of course, there arise doubts as to the kind of responsibility that rests upon the periodic drunkard from drinking, in his sober state, that which he knows will produce intoxication. There is no indication of intellectual insanity in these cases; on the contrary, the rational faculties of such men are exceptionally good. What do we see? Simply this: An uncontrollable and insufferable general nervous uneasiness, making the life of the victim intolerable; unfitting him for the steady and regular exercise of those abilities he really possessed; and denying him the fruits of that mental capacity of which he possessed the consciousness, without the means of its practical application, rendering his life inefficient from a nervous system unbalanced in the fundamental particulars of sensibility and of purpose. The finer and more delicate sources of misery,—the nervous instability and the constitutional and morbidly sensitive irritability,—find calm and repose at length through the anæsthetic effects of alcohol. The inborn heritage of lunacy on one side is balanced by the quieting effects of alcoholic insensibility on the other; and the call for alcohol is limited and measured by the irresistible and uncontrollable power of universal nervous instability.

There is no intellectual incapacity in the inebriates of this class now under consideration. The want of balance is not in defective intelligence, but it is in the redundancy of nervous irritability. There is a continual grinding and nagging of the nervous system, which, instead of leading to the contemplation of rational modes of life, do of themselves precipitate action in quest of health. The judgment and will are not interrogated; they are, in fact, unequal to the neurotic demand. It seems that such instances of dipsomania should be classed as a phase of moral insanity. The motive for drinking is not the agreeable and frivolous illusions of initial mania. It is of a far more weighty character. It is the attainment of the welcome rest

and repose to a shattered system of nerves, which the anæsthesia of alcohol affords.

I come now to speak of impulse. This is a mental attribute of the utmost importance. It is the instrument of the neurotic temperament, and especially of the dipsomaniacal proclivity. It immediately supplements unhealthy motive, and executes its demands. No word has given rise to more discussion than "impulse," or carries with it a less satisfactory meaning. The great objection to the idea of impulse appears to be that its existence is an unnecessary assumption; that the faculty of will is sufficient for all the executive functions of the mind; and, further, that the quality of impulse, as being irresistible in certain relationships, has no foundation in actual fact.

Will is never irresistible. It is subject to the influence of evidence and reason, and may in every instance be possibly changed and modified. But the incitement to conduct which depends upon nervous and upon brain disease, is not amenable to reason and evidence, and cannot, therefore, in any ordinary sense be controlled by them. There are several names accorded to certain incentives to human conduct, that differ materially from the great mental quality called will; such names as desire, inclination, instinct, and impulse.

Many observations might be offered upon the special characteristics of each of these mental offshoots, and the fine distinctions existing between vicious depravity and moral disease. But such discussions are not now necessary. The points covering them will rise repeatedly in connection with the progress of the general inquiry upon alcohol and its mental relationships. It will, perhaps, not be out of place to further suggest, that, while desire may be an inoffensive and proper enough incentive to conduct in many instances, it is, also, probably the incentive which most generally inaugurates vicious and criminal activity, while impulse represents more distinctly that incentive to conduct which has its origin or motive in disease. The former is associated in the mind with the idea of a certain meditation and preparation, the latter with unconsidered spontaneity.

The dipsomaniac will often declare his ability to refrain from drink. But it is a long time before he discovers that, although he can refrain when he chooses, the time never comes when he is able to exercise the power of choice. His will is helpless in the presence of temptation and opportunity.

LARGE classes are formed to receive instruction in the faith cure, and if they succeed in believing the statements they are graduated. — *Bill Nye*.

THE TREATMENT OF INEBRIATES.

BY N. EMMONS PAINE, M.D., SUPERINTENDENT OF THE WESTBOROUGH
INSANE HOSPITAL. •

[*Read before the Boston Homœopathic Medical Society.*]

On reading the circular of the Society, I find that the subject for consideration this evening is "The Treatment of Alcoholism." In the care of delirium tremens and of other disorders from the abuse of alcohol, I feel that many present here to-night have had a wider experience than mine. I shall therefore leave the question of medical treatment to the Society, and shall proceed to the aspects of alcoholism as presented to one in a public institution.

Patients received at the hospital have been of the following classes: First, those who were insane from the use of liquors; second, cases of delirium tremens; and third, those who have been weakened by the excessive use of stimulants, and wish to reform. The second and third divisions are those designated by the law as, first, "habitual drunkards," and second, "dipsomaniacs." An habitual drunkard is one who has the habit of drinking liquors daily. The dipsomaniac is one who has periods of craving for liquors. I shall speak of them hereafter as inebriates.

To realize the proportion of persons suffering from intemperance, I will quote the following figures: Up to May 1, 1888, there have been six hundred and twenty-five admissions to this hospital. Of this number, a few—ten to twenty, perhaps—have been admitted more than once. Thirty-two of the admissions were inebriates. A larger number, sixty-nine admissions, were insane, in whom the cause of the insanity was attributed to intemperance. The total, therefore, of insane and sane inebriates, amounts to about one-sixth of the admissions.

The treatment of the insane from this cause is usually similar to that from other causes. Those inebriates, however, who are not insane, must be classified by themselves, and the line of treatment must be largely of a moral nature. All will concede that no specific exists for the cure of drunkenness, although such nostrums are constantly advertised. Therefore it remains for us to consider what means shall be used in caring for those who are "habitual drunkards," or "dipsomaniacs."

Such persons may be committed to the State lunatic hospitals according to the statutes of 1885, as follows:—

SECT. 1. "Whoever is given to or is subject to dipsomania, or habitual drunkenness, whether in public or in private, may be committed to one of the State lunatic hospitals: provided, how-

ever, that no such person shall be so committed until satisfactory evidence is furnished to the judge before whom the proceedings for commitment are had, that such person is not of bad repute or of bad character, apart from his habits of inebriety."

SECT. 3. "All the laws relative to persons committed to lunatic hospitals on the ground of insanity shall apply to persons committed thereto under the provisions of this Act: provided, that no person so committed shall be discharged therefrom unless it appears probable that he will not continue to be subject to dipsomania, or habitual drunkenness, or that his confinement therein is not longer necessary for the safety of the public or for his own welfare."

When such persons are admitted to the hospital, they are placed in bed, and remain there from a few days to three or four weeks, according to the rapidity with which they rally. They are given milk either hot or cold, sometimes with bovine, Murdock's Liquid Food, Nestlé's Food, or ordinary beef-tea for a change. As digestion improves, they receive vegetables; but meat in any form is held back as long as possible. Massage is sometimes given to strengthen a returning appetite. The medicines administered at first are generally nux vomica or ipecacuanha. They are followed by china, or the acids phosphoric, hydrochloric, or nitric. With this treatment our patients have always recovered.

From my experience with inebriates to the present time, I have come to the conclusions embodied in the following propositions:—

1st, Inebriety is a vice, not a disease.

2d, Hospitals for the insane are not the proper places for the commitment of inebriates.

3d, A correctional or penal institution should care for inebriates.

4th, Inebriates should be sentenced, after a trial by a judge, for a definite term.

5th, While imprisoned, inebriates should support themselves, and repay to the State the cost of their trial, and the damage they may have done.

6th, Hopeful treatment consists in daily work out of doors, as far as possible, for a long period, in an institution by themselves, under influences that are strongly religious.

According to the first proposition, my belief is that "inebriety is a vice, not a disease." I know that it is very largely regarded as a disease. The term dipsomania implies that it is a form of insanity. The fact that these persons are committed to insane hospitals shows that legislators, and their advisers who have

had large experience, have regarded it as a disease needing treatment in a hospital. A large portion of the community will say of the individual inebriate, that he is a smart person, and is capable of doing almost any thing when he is himself, but that when the craving for liquor comes upon him, he is changed, and is unable to withstand his appetite, and yields, against his reason, to the wrong. Such persons are not tempted when seeing liquor for a number of weeks or months, and then a craving will spring up, without previously tasting liquor, which they appear to be unable to withstand. In contrast to them are the steady drinkers who find it impossible, without restraint, to give up their daily drams. The habitual drunkard and the habitual tobacco-user have appeared to me similar. The opium-eater also is similarly affected, although perhaps held more slavishly than the others. There are also men who perhaps never indulge in opium, tobacco, or liquor, and yet have other practices which they find impossible to discontinue, and which carry them rapidly in a downward path. Are these last-mentioned persons of impure morals, also led astray by disease? I do not believe it.

In calling inebriety a disease, there ought to be some well-recognized pathology. I have not been able either on the dissecting table, or in literature, to find definite lesions occurring in any part of the brain or nervous system that would account for the disease of dipsomania. If it be considered a functional disorder, like some neuralgias, the argument is more difficult to answer; yet I should be justified in answering that neuralgias and other functional disorders are curable by proper treatment. Many of them yield to medicine, to hygiene, or to surgical means. Further, it seems to me that the greatest difference between inebriety considered as a disease and other well-recognized diseases is this, that a strong exertion of will can overcome the temptation to drink. It is seldom that will-power can cut short a neuralgia, or can stop a sick-headache before it has passed through its regular course. I believe, therefore, that like other bad habits a strong exercise of the will can tide over an attack in the case of dipsomania, and that this inflexible will may eventually emancipate the individual. I have known such results in the case of habitual drunkards, and believe that the battle with them is shorter and easier than with dipsomaniacs.

A fair statement of the case may be this: A man is engaged in some employment that bears heavily upon him,—perhaps it is indoor work,—he is zealous, and works more quickly than others; the air he breathes is impure; he lives in a boarding-house where the food does not suit his individual needs; he worries about his work, his future, his pay, and deprivation of

his childhood's home; he finds companionship in his fellows who go out nights and drink frequently; he gets too little sleep, and soon he feels the need of the stimulant he has been taking. This man, at this stage, is below par: his nervous system is already weakened. These factors are pushing him to one side, toward nervous prostration, with which he has never had acquaintance. He cannot know that his strange feelings are but a few of the myriads of sensations that beset so many of the people about him. One neighbor finds himself strengthened by coffee, another by tea. One finds his digestion improved by tobacco, and another by beer; and so, through a long list, each one forms *habits* that at first are perhaps helpful, and have but slight hold, but that may grow into *vices* and prove destructive. Our friend, having been using liquor for a long time, cannot cease at all, and is an "habitual drunkard." Or, perhaps he did not go so far: he then has returns of liquor-thirst at intervals, when he becomes tired or fretted, and when his irritable nerves want to be quieted. He is now a dipsomaniac. What has brought up many a man from these holes of despair? A strong will.

It may be claimed that a weak will is the very point diseased in a drunkard, and that I have now conceded the subject of debate. On the contrary, the weak will is the pivot of all vice and crime. It causes men to lie, to steal, and to do all manner of evil things; and it assists the drunkard in destroying his body, and in bringing ruin and disgrace upon his family.

To strengthen a man's will, and enable him to withstand temptation, when he has been drifted carelessly and helplessly for thirty years, is an almost hopeless task. Yet it has been done many times: but sympathizing friends must not say, "Poor fellow, you cannot help it! You are diseased: your father was so before you."

Clinical experience in his treatment says, Make him feel that he is the subject of bad habit, of a strong and ruinous appetite; and then his chances of recovery are the best possible. I think clinical experience indicates clearly that inebriety is a vice, and not a disease.

2d, "Hospitals for the insane are not the proper places for the commitment of inebriates."

The difficulties are twofold. The influence of these persons upon the insane is often bad. They should be allowed liberties which cannot be given to the insane. They are inclined to elope; to bribe attendants to obtain liquor for them; they are frequently deceitful; they are not inclined to work; and sometimes they conspire together to resist good order. Many of them are prone to gambling, and the use of profane and obscene

language, which is seldom heard among the insane, except the most violent.

On the other hand, to keep men who have become sober, for months or years associating with insane persons, is a hardship of which they have a right to complain; and is a punishment more severe, I believe, than incarceration in a prison. Most persons in the community would undoubtedly prefer to spend their time in a house of correction with sane people, with regular duties to perform, to being housed with persons suffering from all forms of mental disorder. Aside from these reasons, the effect upon the institution itself is bad. More harmony would be obtained by having only one form of disorder in one hospital.

3d, "A correctional or penal institution should care for inebriates."

This proposition is so generally considered the proper course with the great majority of inebriates, that I do not need to dwell upon it. If I am not misinformed, there are from fifteen to twenty thousand persons sent to jails and prisons in this State every year for drunkenness. The number sent to asylums for dipsomania and habitual drunkenness is perhaps roughly estimated at one or two hundred. I believe that the same form of treatment that is applicable to the thousands would also be useful to the tens; although those who really desire to reform should be separated from the hardened and confirmed drunkards.

4th, "Inebriates should be sentenced, after a trial by the judge, for a definite term."

The theory of the law in committing to the insane hospitals is, that, being subject to disease, an indefinite time may be required for their cure, and that the hospital authorities, recognizing that whenever it may occur, are empowered to discharge patients. Practically, this part of the law is not working smoothly. Patients find themselves, after a week or month, in full possession of their faculties, and demand their discharge. When the authorities prove unyielding, their friends are besought to interfere in their behalf. The husband tells the wife, that, unless she obtains his removal, he will never live with her or care for his family again. Sometimes he threatens her with bodily harm, or even with death. If he finds the hospital authorities and his family immovable, he may resort to intrigue, to lying, and to every means by which he can make himself a disturber of the peace. He then deserves punishment. The insane hospitals are never intended for the punishment of inmates. Insane persons may be restrained to prevent them doing harm to themselves or others. They are never restrained as a punishment for any harm they may have done. When the

matter has gone over only a portion of this path, it is better for the hospital and the patient that he be discharged, although expected good results may not have been obtained. The sentence of one or two years by a judge would have effectually checked all the insubordination and determination to get free, and in no case in my experience would a definite term have been a hardship to the patient; and, I believe, in every case it would have been a benefit.

5th, "While imprisoned, inebriates should support themselves, and repay to the State the cost of their trial, and the damage they may have done."

If this rule were enforced in every case, with certain provisions adapting it to individuals, it seems to me that a strong incentive to good behavior would be obtained while confined, and it would also become a check upon lapses into drunkenness when once more free.

6th, "Hopeful treatment consists in daily work out of doors, as far as possible, for a long period, in an institution by themselves, under influences that are strongly religious."

The State should provide different accommodations for this class. The project now is to build one such State institution. This will be better than to have them in the hospitals, but I doubt its ever being really profitable. It will be remote from large portions of the State, and therefore will not reach as many of the inhabitants as should be placed within its care. It would reach a larger number if there were a number of institutions in different parts of the State in connection with the prisons. The inebriates should not, of course, be confined with persons guilty of thieving and other similar crimes. Every sentence should be increased as the individual shows his inability to care for himself, and prevent his harming himself, his family, and the community by his indulgence. The sentence should also be imposed by a court, and should not be left to the judgment of the managers of institutions.

As the proneness to drink is, in many cases, a symptom only of nervous weakness due to bad living, to bad habits, to improper labor, to lack of exercise, to in-door employment, and many other things that depress the nervous strength, out-of-door air and exercise is the first requisite for improvement.

Strengthening the body must always be the first step in treatment.

The next step must be to fortify his will. That can be accomplished by showing him his low condition, and then bringing into daily use the will he may have. Nothing now will be so powerful as religion. In an institution for inebriates, the officers must have strong religious enthusiasm. The ideal officer would

have the determination of the Franciscan friars of the thirteenth century, who gave themselves body and soul to the work of educating and improving the debased people all about them in England; who lived with the poor, and instilled into their minds the Christian faith, and all it implies; and who loved the sinful and weak more than comfort or honors or life itself.

PURE ALCOHOLIC STIMULUS AS A THERAPEUTIC
AGENT.

BY IRA B. CUSHING, M.D., BROOKLINE, MASS.

In presenting this subject for consideration, I am well aware of the fact that it is difficult to treat it without in some way presenting opinions—*pro* or *con*—in the temperance cause. But as we have, one and all, been well drilled in the addition, subtraction, multiplication, and division of temperance, it may be a little refreshing for us to take a step aside, and study for a moment pure alcoholic stimulus as a therapeutic force. It will be important first of all to understand that, in the ordinary alcoholic stimulus to be obtained, there are several alcohols, and each has different toxic properties, the nature and character of which should be clearly fixed in our minds. Those alcohols containing the greatest amount of carbon in their elemental composition, being the most virulent and irritating when applied to the human economy, are not so well adapted to the needs of the system, and should be set aside and not used for purposes of an alcoholic stimulant, as understood by the laity or profession. If we examine the average whiskies found in the market, about fifty per cent being alcohol, we shall find four alcohols and one dehydrogenated alcohol, or, speaking in chemical terms, ethylic, propylic, butylic, amylic alcohol, and aldehyde, in making up that fifty per cent. The propylic, butylic, amylic alcohols, and the aldehyde are, in their toxic properties, ten to fifteen times stronger than the ethylic, when isolated; and, when combined, their toxic properties are augmented to a still greater degree. And as all the alcohols, except the ethylic, are subject to changes from time to time, until their final conversion into other and innocuous substances, an alcoholic stimulus should not be used until with some degree of positiveness are known its character and purity.

There can be removed, by oxidizing, naturally or artificially, all the alcohols save the ethylic, the safest, purest, and best of the series; and until this is done there will be a diversity of experiences, and no definite foundation for the place of alcoholic stimulus in therapeutics can be laid.

With these few preliminaries, I wish to speak of *pure* alcoholic stimulus as applied in three classes of cases: namely, of alcohol as a force generator, alcohol as an inhibitor, alcohol as a narcotic.

When by a low, adynamic state of the system, the nervous centres fail to hold together the constituent elements which form the molecules that make up the mass, the blood-cell is breaking down and quite ready to lose its character; vegetative life, for the lack of nervous stimuli, is waning; the oxidizing lamp is burning so low that ordinary food is not consumed in the system, and becomes a foreign body rather than a nourishing strength-giver. If we now apply our alcoholic stimulus, which is very diffusible, and much more combustible than ordinary foods, oxidization takes place rapidly, vegetative life is revived, the threatened cell-destruction is arrested, and strength returns. Alcohol, under these circumstances, becomes a force generator, and, consequently, a food in the human economy.

A case from practice, which illustrates this, was one of double croupous pneumonia. There was nothing of importance to speak of in this case, except that it was a severe attack, and although we had two well-trained nurses in attendance, the disease was making sad havoc in the patient's fortress of strength, so that by the fourteenth day collapse was imminent. The pallor of the cheek, the slow pulse, reduced temperature, and cold clammy surface, indicated that the oxidizing lamp had all but become extinguished, and an embolus would soon obstruct life's current and end the scene. At this point in the case I prescribed purified brandy, — five teaspoonfuls every four hours for twenty-four hours, then gradually lessened the amount until the patient was strong enough to utilize ordinary food enough to supply the necessary wants of the system, which was in the course of ten days, and the patient passed on to a good recovery. The *modus operandi* of alcohol, in this class of cases, has been likened to the application of the whip or spur to the horse to force a leap over a chasm. This is erroneous. If we will but consider for a moment, it is seen to be the opposite of this. When a horse shows signs of exhaustion, if we apply the whip, the horse works harder, with a greater outlay of strength; more whip is given, still more strength is required, until he sinks from exhaustion. Now, by the oxidizing dose of alcohol given, force is generated, the strength increases, less alcohol is given, until full strength is restored, and no more alcohol required.

Again, we find alcohol useful in the human economy in the oxidizing dose, as a restrainer of waste, what we have termed its inhibitory action. When, by some process of action in the nervous centres, there is a molecular disturbance in the nerve

substance, sufficient to cause a loss of phosphates in excess of the repair, we soon have functional disturbance in the mental sphere of our patient; and, although the physical standing may be good, the non-courageous, apprehensive, puerile, and doubtful status, together with sleeplessness, indicate that control of the machinery is being lost, and unless restraint is applied destruction will soon follow. About two years ago, a former patient of mine, — a graduate of Harvard, — having taken a position as instructor in a particular branch of learning in a Western college, returned, and called upon me for treatment. He complained of a great annoyance from frequent urination, attended with more or less irritation, and feared that some form of kidney-disease had fastened itself upon him. Upon inquiry I found that my patient had been in the habit of sitting up nights, until towards morning, preparing to meet his students the next day. From the loss of sleep and hard mental work, he soon began to doubt his ability for the position; this in turn caused worry, anxiety, and sleeplessness. Medical aid was sought; various remedies of an hypnotic nature were taken, but without relief. Sleepless, anxious, and discouraged, he gave up his position, and returned home.

Here was a case that pointed decidedly towards excessive nervous loss, weakening the higher or mental sphere, as was indicated by the lack of confidence and general discouragement. The physical disability of irritation and frequent micturition was due (as I had supposed, from an analysis of the urine) to the great abundance of phosphates. I prescribed purified rye whiskey, four ounces; one-half ounce, or one tablespoonful, at night, in water, until all was taken. After the second dose the patient slept better; and by the time the whole quantity was used up, the patient was cured of both sleeplessness and irritation from urination.

The action of alcoholic stimulus in such cases must be its restraining or inhibitory power, in the oxidizing dose. When a state of the nervous system presents a form of inebriety, which in itself seems to be the only form of bodily ill health, whether from alcoholic origin or other sources, some toxic influence producing functional disturbances, vitiating the blood, causing nervous perturbations, vaso-motor paralysis, delusions, tremors, madness of "mania à potû," and sleeplessness, there exists a flame of mental excitement, that will require the narcotic influence of alcohol to extinguish, as the following case illustrates. I was called in counsel to see a man in middle life, suffering from a supposed attack of acute mania; his general appearance showed pallor, sunken eyes, knit brows, wrinkled forehead, stern and determined expression; his answers to

questions were in monosyllables, until a person's name, to whom he had taken a great dislike, was mentioned, when he exclaimed with an oath, that he would have the party arrested for interfering with some of his family matters, and that at that moment this party was firing off a gun, practising, preparatory for shooting him (the patient) at the first opportunity; with almost the same breath making a request that the several doors be locked and barricaded, so as to keep out his imaginary enemy. From careful investigation I learned that the patient had formed the habit of drinking some of the ordinary rum or whiskies found in the market, before his breakfast; also at intervals through the day, so that his meals were rather neglected. The blood had become impoverished for want of good nourishing food, and was thoroughly impregnated with those deleterious and maddening elements that are wont to be found in the average liquors of the present day, irritating and overpowering the nervous centres, unbalancing the reasoning powers, producing a condition in the patient which rendered it doubtful whether he could be cared for except in an insane hospital, with several watchers to assist. Various remedial agents were used; but the snakes, rats, and hobgoblins overpowered all, and held supremacy. I then prescribed six ounces of purified rum in as much more water, to be given in two doses three hours apart; after the second dose the patient fell into a sound sleep, and slept about ten hours. He awoke in a rational state of mind, and has remained so ever since, and was pretty thoroughly cured from drinking the ordinary alcoholic liquors.

The rôle of action of alcohol in the low forms of adynamia, both by its own oxidizable substance as well as stimulating support to vegetative life, and its soothing, tranquillizing, and corrective influence over the disturbed and irritated centres of animal life, give to alcohol a threefold action, which, when thoroughly understood by the physician, may be utilized as an invaluable therapeutic force.

*CLINICAL OBSERVATIONS OF THE EFFECTS OF LONDON-
DERRY LITHIA WATER.*

BY L. A. PHILLIPS, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

DURING the past six or eight months I have been carefully observing the effects in a large number and quite a variety of clinical cases of the Londonderry lithia water; and believing the result may be of some interest and possible value to others, I venture to present to you my conclusions as drawn from these observations.

It is fair to assume that many and perhaps all of you have read the valuable paper of Professor Dowling on the subject of Lithæmia, published in pamphlet form, as also in the "North-American Journal of Homœopathy," and I will not presume to go over the ground so admirably covered, in this article; but in view of the number and variety of functional disturbances, and, secondarily, of organic diseases which Dr. Dowling shows to be traceable to and dependent upon this excess of lithic or uric acid in the system, and, on the other hand, the known effects of the salts of lithia as solvents of this acid, we may reasonably expect a spring-water so richly impregnated with bicarbonate of lithia as are the Londonderry springs, to prove a valuable agent in the treatment of many and various diseases. My observations include twenty-one (21) cases of rheumatism, seven (7) cases of nephritic congestion and Bright's disease, two (2) of diabetes mellitus, one (1) diabetes insipidus, one (1) chlorosis, two (2) renal calculi, four (4) catarrh of bladder, eight (8) nervous debility or neurasthenia; many with less decided or indefinite combinations of symptoms, among which excess of uric acid in the urine, and evidence of hepatic torpidity, were prominent, and others in which indigestion seemed to be the chief cause of complaint, but which I believed to be dependent rather on inactivity or incapacity of the liver than to any fault in the stomach or intestines. A detailed analysis of all these cases would, of course, be impracticable, but I will cite a few as examples.

CASE 1: Chronic Rheumatism. — Mr. H., æt. 45; mechanic. Had at three different times in the last twelve (12) years had attacks of acute inflammatory rheumatism or rheumatic fever, lasting from six to ten weeks; the last one about two (2) years ago. Since then he had suffered nearly all the time, except in hot weather, with swelling and lameness of the joints, especially the ankles and hands.

He complained, too, of pain in his back, and frequent urination. The urine was found to deposit a heavy sediment of uric-acid crystals, upon cooling. Early in November last he began drinking Londonderry lithia water, — three tumblerfuls or more each day. In this case no medicine was given. Gradual improvement was manifest after one week's time, and it continued until in January, despite the severe cold weather, he was entirely free from rheumatic pain or lameness, and has continued so to the present time.

CASE 2: Acute Inflammatory Rheumatism. — Mr. T., æt. 24. Generally healthy, except that when a boy had an attack of inflammatory rheumatism, but had since felt only occasional pains when suffering from colds. About a month ago he was

confined to the house by a very severe bronchial cold, and on the third day inflammatory rheumatism appeared in one foot in a very acute form, — heat, pain, redness, and swelling, all very marked ; and he suffered not only with pain, but with the dread of a long confinement at home. Acon. and bry. were given as the indicated remedies, and the carbonated lithia water was ordered to be freely drunk. In three days all inflammation had disappeared, and the rheumatism was cured. I have cured such cases before, but not generally in three days ; and I give the Londonderry lithia water credit for shortening the attack in this case by several days.

CASE 3. — Mr. B., a large, robust, healthy-looking man, of thirty-eight years ; had been a high liver, though not dissipated ; complained of severe aching in the region of the kidneys, lameness of muscles all over the body. Frequent micturition, but urine scanty and high-colored. Poor appetite, and distress after eating. Oppression in breathing, and inability to walk fast ; great weariness and loss of energy. Dropsical swelling of lower extremities. Urine was proved to be deficient in quantity (but little over a quart in twenty-four hours), and contained much albumen, some blood and granular casts. Tereb. 3 x. was given as the remedy, and Londonderry lithia water ordered to be taken freely, at least one quart per diem ; keep warm and quiet. Three days later, urine increased to three pints ; no blood, but still some albumen. Improvement continuous during next three weeks, when all symptoms had disappeared, and the patient discharged with advice to continue the use of the Londonderry lithia water, which had been used alone after the first week. During the past two months his health has been unimpaired. In this, as in the previous case, I give to the Londonderry lithia water a share of credit for the satisfactory result.

CASE 4: *Nervous Prostration.* — Mrs. F., a lady of about thirty-five years, stout, full-blooded, ruddy-complexioned, to all appearances a healthy woman, — reported herself as sleepless, weak, always tired, unable to concentrate her thoughts or to remember any thing. Does not dare to go into society, or meet her friends. Constant craving for food, yet stomach feels oppressed and overloaded after eating ever so little. Feeling of fulness and oppression in chest, pain under right shoulder-blade, frequent palpitation. Feels exhausted at the least physical or mental exercise, is depressed in spirits, and can see no hope of being any better. By questioning learned that the urine was dark and heavy, and deposited a red sediment on standing ; that the bowels were habitually constipated ; menses profuse and painful, attended with severe backache and headache. Examination showed the uterus to be retroflexed with attendant

congestion and enlargement. Local treatment was applied to correct the uterine difficulty. Coca wine was ordered to be taken with meals. Out-of-door exercise every suitable day, whether she felt able or not, and a vegetable diet; meals to be taken at regular intervals, and in very moderate quantity. Euonymin as a stimulant to the hepatic action, which I believed to be the chief source of difficulty, was given three times a day. Slight improvement was experienced the first week; the bowels being a little more active, and the oppression of chest, and palpitation, less.

Same treatment continued, with addition of Londonderry lithia carbonated water, one bottle to be drunk each day. Improvement much more marked. Urine increased in quantity, clear, and free from sediment. Both mind and body lighter and more active. Same continued for two months, when she was very nearly in a normal condition, both as regards her general condition and the uterine position. Londonderry lithia alone has since been continued, completing the cure, and maintaining the normal activity of the liver and kidneys, and thus relieving the blood of the elements which, in my opinion, were the cause of the attendant nervous disturbances.

It may properly be said, that, when associated with medicinal treatment, definite results from the water cannot be claimed. I admit this; but I feel sure that in all these cases, and many more, the Londonderry lithia was a potent aid in treatment, and shortened the period of sickness by considerable. To test the water perfectly, one would, of course, give no other medicinal substance. But the cure of our patient was our first object; and experimentation could not have the precedence, but was only used as an aid, and observations made regarding it as such. It is only fair to report, that in cases of diabetes mellitus no benefit was observable; but in the single case of diabetes insipidus, after drinking several gallons, there was a decided diminution in amount of urine, and an increase in the amount of urea excreted.

In all cases of rheumatism, in which the use of the water has been persistently continued, I have noted improvement. As an ex-rheumatic subject myself, I can personally testify to its efficacy in preventing the recurrence of pain and lameness, which damp weather and exposure are so apt to cause. Omitting its use for a few weeks, I began to feel the grip of the enemy, and, renewing my daily supply, again banished all reminders of rheumatism. As with rheumatism, so with congestion of the kidneys and liver, or renal calculi (if of uric acid): the Londonderry lithia water will have a most favorable influence if continued persistently. This I have found one of the difficulties, however, as

many patients cannot be made to realize that water which tastes so sweet and pure, so like simple spring-water, can have much effect ; and its cost becomes quite an item when constant use is demanded. For this reason, as also because I think more rapid effects have generally followed, I prefer in most cases now to order the charged or carbonated water.

This is felt to be more than spring-water, and if used for a little time is almost sure to be enjoyed and continued, as it is certainly unsurpassed as a table-water, irrespective of its medicinal or chemical effect. To sum up, in brief, my conclusions : I am convinced that in any and all conditions in which uric or lithic acid is in excess, whether its effects be manifested through the muscles or joints in the form of rheumatism, or as an irritant or obstruction to the kidneys or bladder, or through the nerves or organs of digestion, Londonderry lithia water will have a most beneficial and decided effect.

I should ascribe its influence rather to its chemical action as a solvent of uric acid, wherever it finds it, than to any medicinal qualities. This, however, is unimportant. If by my report you may be influenced to make more general use of this valuable agent in the prevention and cure of the class of difficulties indicated, I shall accomplish my purpose, and earn the gratitude of many a sufferer who may be thereby relieved.

GLEANINGS AND TRANSLATIONS.

MANIPULATION OF THE KIDNEY AS A MEANS OF DISLODGING RENAL CALCULUS. — An ingenious method of dislodging an impacted calculus in the kidney has been reported in the "*Lancet*," by Dr. W. H. Bennett of London. The patient, a woman, was quite thin, and the kidney could be felt through the abdominal parietes. Manipulation of the organ was proposed, with a view of bringing about the passage of the calculus down the ureter. To insure complete relaxation, the administration of an anæsthetic was proposed, but was rejected by the patient. The patient was then laid upon a couch ; the fingers of the operator's left hand were dipped deeply into the abdominal wall over the kidney, while his right hand was pressed forward into the loin. The kidney was easily felt between the two hands, and was kneaded as thoroughly as circumstances would admit. The manipulation caused much aching and tenderness, but the patient was well enough to walk away afterward. Two days after the manipulation the patient reported that she had suffered much discomfort for the rest of the day after the manipulation, and

that she was seized, as she was going to bed, with a most acute pain in the affected loin and side of the abdomen. The pain lasted for about half an hour, during which she vomited twice. All at once an uncontrollable desire to micturate occurred, and the pain immediately disappeared. No further pain followed. Dr. Bennett is of the opinion that a small calculus was dislodged and made its way down the ureter, although no evidence of its having passed *per urethram* was forthcoming. He suggests that manipulation without incision will prove of utility in certain cases of renal calculus not too far advanced, and offers the above case as corroborative of this opinion. — *Med. Record.*

THEISM — THE NEW NERVOUS DISEASE. — Attention has recently been drawn to a new nervous disorder said to be especially prevalent in England and America; it is called "theism," or tea-drinker's disease. It is said to exist in three stages, — the acute, sub-acute, and chronic. At first the symptoms are congestion of the cephalic vessels, cerebral excitement, and animation of the face. These physiological effects, being constantly provoked, give rise, after a while, to re-action marked by mental and bodily depression. The tea-drinker becomes impressionable and nervous, pale, subject to cardiac troubles, and seeks relief from these symptoms in a further indulgence in the favorite beverage, which for a time restores to a sense of well-being. These symptoms characterize the first two stages. In chronic cases theism is characterized by a grave alteration of the functions of the heart, and of the vaso-motors, and by a disturbance of nutrition. The patient becomes subject to hallucinations, "nightmares," and nervous trembling. With those who take plenty of exercise, an habitual consumption often may be indulged in with impunity, but with women and young people who follow sedentary occupations this is not the case. The best treatment for theism is said to be indulgence in free exercise, such as walking and open-air life. — *Four. of Am. Med. Ass'n.*

SALT IN MILK FOR CHILDREN. — Dr. Jacobi says that the physiological effect of chloride of sodium is very important, no matter whether it is directly introduced through the mother's milk, or added as a condiment to cow's milk, or vegetable diet. Both of the latter contain more potassium than sodium, and neither ought ever to be given, to the well or sick, without the addition of table salt. A portion of that which is introduced may be absorbed in solution; another part is, however, broken up into another sodium salt and hydrochloric acid. Thus it serves directly as an excitant to the secretion of the glands, and facilitates digestion. Therefore during diseases in which the

secretion of gastric juice is interfered with, or in the beginning of convalescence, when both the secreting faculties and the muscular power of the stomach are wanting, and the necessity of resorting to nitrogenous food is apparent, an ample supply of salt ought to be furnished. The excess of acid which may get into the intestinal canal unites with the sodium of the bile in the duodenum, and assists in producing a second combination of chloride of sodium, which again is dissolved in the intestines and absorbed. Its action in the circulation is well understood; it enhances the vital processes, mainly by accelerating tissue-changes through the elimination of more urea and carbonic acid.

A very important fact is also this: that the addition of chloride of sodium prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to women's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility.

Habitual constipation of children is also influenced beneficially, for two reasons: not only is the food made more digestible, but the secretions of the alimentary canal, both serous and glandular, are made more effective by its presence. — *Archives of Pediatrics; Journal American Medical Association.*

THE MENTAL "BLIND SPOT." — The analogy between the organ of vision and that of thought is so obvious and familiar that it does not require illustration. Now, just at the entrance of the optic nerve is a small circular area, known as the blind spot. Certain essential anatomical elements are wanting in this little space, and though the visual image is painted on it, the picture is a blank to the perception. Is there not a blind spot in the organ of intellect as well as in that of vision, — an idiotic area, where ideas are represented, but not transmitted to the intelligent centre? "Think a moment," we say to a friend who is entertaining some (to us) self-evident absurdity. Paraphrased, this would be: You have got a bit of nonsense on your mental blind spot, your idiotic area. Shift it, if you can, into a place where the mental elements are not deficient, as in that empty region.

I must appeal to the experience of others, if they are not conscious of such a blind spot in their intelligence. If they recognize it as a fact that they have such a spot, they can account for many absurdities and contradictions in their own field of thought, and that of others. For this idiotic area is the vacant lot where inconsistent, incoherent, unrelated ideas come together and disport themselves, or lie loose, scattered over it.

Many simple puzzles and idle fancies find their way there, and claim a right of domicile until awakened reflection drives them away. Let me give an instance or two. "Excuse me," said the barber to the lantern-jawed man, "if I put my finger in your mouth to press your cheek out."—"No, no," said the man he was shaving: "I am afraid you'll bite me." Dean Swift mentions in one of his letters to Stella an odd whim of his own: "I had my mouth full of water, and was going to spit it out, because I reasoned with myself, 'how could I write when my mouth was full?'" In the persons we call "absent-minded," the idiotic area extends over a wider space than it covers in most individuals.

This theory—for I dare not announce it as a positive discovery—is a very convenient application to cover one's own mental slips, and to account for those of one's neighbor. No person of good temper and philosophical habit of mind could take offence at the question, politely asked, "Does not that view or that argument come from your idiotic area?" When John Stuart Mill suggested the possibility of a universe where two and two would make five, I should have wished to hint in a modest and civil way that this supposition had the idiotic area as its natural habitat.—OLIVER WENDELL HOLMES in *Atlantic*.

A RAPID AND SIMPLE METHOD OF REDUCING DISLOCATION OF THE SHOULDER.—In all the methods ordinarily employed for the reduction of dislocations downward of the humerus, the trunk is fixed, and the head of the humerus is raised into the glenoid cavity. Dr. Abril inverts this proceeding; his plan is to fix the humerus, and to make the glenoid cavity descend on to the head of the humerus. He claims for his method that it is most simple, easily and quickly done, that chloroform is not necessary to obtain muscular relaxation, that the pain is trifling, and that no assistants are required. He makes the patient stand with a crutch in his axilla; he then holds the hand of the affected side, making slight traction downward; the patient is now to let himself down as if he were going to fall on his knees, and as he falls the head of the humerus glides into its normal position, and the patient is surprised at finding himself cured.—*The London Medical Record; New-York Medical Record*.

THE HUMAN BREATH A POISON.—At a recent meeting of the Académie des Sciences, Professor Brown-Séquard referred to some experiments he had conducted with a view to determine what, if any, were the toxic effects of the human breath. In

condensing the watery vapor coming from the human lungs, he obtained a poisonous liquid capable of producing almost immediate death. This poison is *an alkaloid* (organic), *and not a microbe* or series of microbes, as might have been imagined. He injected this liquid under the skin of a rabbit, and the effect was speedily mortal. The animal died without convulsions; the heart and large vessels were engorged with reddish blood, contrary to what is observed after ordinary death, when the quantity of blood is moderate, and of a dark color. In conclusion, this eminent physiologist said that it was fully proved that respired air contained a volatile toxic principle far more dangerous than the carbonic acid which was also one of its constituents, and that the human breath, as well as that of animals, contained a highly poisonous agent. — *Medical Press; Medical Record*.

SOCIETIES.

THE NEW HAVEN HOMŒOPATHIC MEDICAL SOCIETY.

THE New Haven Homœopathic Medical Society convened at Dr. William H. Sage's residence, according to the previous appointment. The following named physicians were present: viz., Drs. C. B. Adams, M. J. Adams, B. H. Cheney, Sarah Newton, Adelaide Lambert, William H. Sage, J. A. Hutchinson, F. B. Kellogg, E. C. M. Hall, F. L. Barnum, E. J. Walker, A. L. Talmage, C. Vishno. Dr. Cheney in the chair.

The minutes of the last meeting, being called for, were read and accepted. Dr. A. L. Talmage proceeded to read a carefully and well prepared paper upon the subject of diphtheria, its ætiology, diagnosis, and treatment. An extended, pleasant, and very interesting interchange of views, both theoretical and practical, relative to the origin, pathology, treatment, and contagious elements of diphtheria and scarlet-fever, followed. After the close of the debate, Dr. F. B. Kellogg was proposed and recommended by the Censors for membership of this Society, and unanimously elected. Dr. Charles Rawling was next proposed, recommended, and duly elected to membership. Dr. M. F. Linquist, also proposed by Dr. C. B. Adams, recommended by the Censors, and elected to membership. After the business session, followed a social one, together with refreshments provided by the hospitable host; after which, meeting adjourned to assemble the last Thursday evening of June at Dr. F. L. Barnum's residence.

CHAS. VISHNO, M.D., *Secretary*.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-second annual session of the Maine Homœopathic Medical Society was held Tuesday, June 5, 1888, in the city of Augusta. Twenty-two members were in attendance. Drs. Emma Kalbfleisch of Portland, S. Abbott of Biddeford, and H. C. Hallowell of Auburn, were elected to membership. The report of the Treasurer showed the Society to be in a flourishing condition financially.

Interesting and able reports on a large variety of subjects were presented, and the discussions following were prolonged and animated. The following officers were elected: President, J. H. Knox, M.D., Orono; Vice-President, J. W. Whidden, M.D., Portland; Recording Secretary, J. C. Gannett, M.D., Yarmouth; Corresponding Secretary, F. A. Gushee, M.D., Appleton; Treasurer, W. S. Thompson, M.D., Hallowell; Censors, Drs. H. C. Bradford, M. C. Pingree, C. A. Cochran, D. S. Richards, T. N. Drake; Committee on Legislation, Drs. W. L. Thompson, A. I. Harvey, S. E. Sylvester, W. F. Shepard, M. S. Briry.

It was voted that the next meeting be held in Augusta on the first Tuesday of June, 1889.

ALUMNI ASSOCIATION, B. U. S. M.

THE tenth annual meeting of the alumni of Boston University School of Medicine was held at Young's Hotel on Tuesday, June 5. The meeting was called to order by the President, A. J. Baker, M.D., at 5.25 P.M.

The records of the last annual meeting were read by the Secretary, and approved. The Treasurer's report was read and accepted.

The Secretary read the result of the voting for choice of names nominated to represent the Medical School as candidate of the Convocation for the Board of Trustees of Boston University.

First choice, Herbert A. Chase, M.D., class '76	.	.	.	63 votes
Second choice, Sarah E. Sherman, M.D., class '76	.	.	.	19 votes
Third choice, Almena J. Baker, M.D., class '76	.	.	.	16 votes

total, ninety-eight votes; being a much larger number of votes than were received last year.

Dr. Baker was chosen as delegate to the American Institute of Homœopathy.

The report of the Ways and Means Committee was read by Dr. S. E. Sherman, in the absence of the Chairman, Dr. H.

Packard. The work of the committee had been the raising of money for the accumulation of a general fund, and the establishment of a scholarship in Boston University School of Medicine.

Many substantial responses had been received in answer to the circulars sent out, making the movement an assured success. Probably two scholarships will be established this year. The committee are very desirous that the general fund shall be raised to the sum of at least one thousand dollars this year. Four have already pledged themselves for one hundred dollars each in case six others will come forward and thus swell the sum to the desired amount. It is hoped that this general fund may in time aggregate enough to found an alumni professorship.

The subscriptions by classes have been as follows:—

Class of	To Fund.		ANNUAL SUBSCRIPTIONS.	
	Number of Subscribers.	Amount.	Number of Subscribers.	Amount.
1874	—	—	1	\$5 00
1875	2	\$15 00	3	15 00
1876	2	50 00	4	21 00
1877	6	72 00	5	24 00
1878	3	25 00	3	20 00
1879	2	35 00	3	20 00
1880	4	54 00	4	22 00
1881	1	25 00	1	5 00
1882	2	12 00	4	22 00
1883	1	5 00	2	45 00
1884	4	11 00	4	7 00
1885	2	7 00	3	8 00
1886	—	—	—	—
1887	4	11 00	4	11 00
	34	\$322 00	41	\$225 00

The question of a change of time for the next annual meeting came up, and was discussed by Drs. Hooker, Joseph Chase, Hasbrouck, Culver, Southwick, and others. On motion of Dr. Bellows, seconded by Dr. Hooker, it was voted to have the meeting at the usual time, but to combine with the faculty; which motion was unanimously carried, the arrangements being left in the hands of the Executive Committee.

A committee was then nominated by the Chair to select a list of officers, which resulted as follows:—

President, Edward B. Hooker, M.D., class '77;
First Vice-President, Sarah E. Sherman, M.D., class '76;
Second Vice-President, Joseph Chase, jun., M.D., class '78;
Treasurer, J. Wilkinson Clapp, M.D., class '77;
Secretary, Walter H. White, M.D., class '82;
Orator, Frederick B. Percy, M.D., class '80;

who were elected to serve for the ensuing year.

The address of the retiring President, Dr. A. J. Baker, was then given, which was listened to with marked attention, and was well calculated to stimulate devotion for our alma mater.

The Association, under the care of the toast-master, Dr. S. E. Sherman, adjourned to the dining-hall. Thirty-nine members were present, and enjoyed the dinner, and speeches by Drs. Church, Hooker, Richardson, Smith, Southwick, and others; after which the meeting adjourned.

W. H. WHITE, M.D., *Secretary.*

HAHNEMANN SOCIETY, B. U. S. M.

THE annual banquet of the Hahnemann Society, Boston University Medical School, was held at the Quincy House on Monday evening, June 4. The opening address was made by M. W. Turner, President. The orator of the occasion, John P. Sutherland, M.D., was next introduced. He said the Society did well in taking Hahnemann's name, as he was one of the leading minds of the world; one who could say with Napoleon, "Time and I against any two." Still it was not obligatory to accept his every statement or fancy, or to adhere too closely to his minor suggestions. The speaker claimed that homœopathy must rest on a foundation rendered solid by extensive scientific and experimental research and exhaustive provings; and he hoped the Society would do its share in bringing about this devoutly-wished consummation. He advised the physician to be cheerful and sympathetic while in the sick-room, and thus make the patient forget, as far as possible, the sad professionalism of his call, as there must be considered not only the body, but the "mind diseased." In the absence of George B. Rice, M.D., F. A. Gardner, M.D. ('83), presented the diplomas to the graduating class in well-chosen remarks, detailing the history and trials of the Society in its younger days, and the work accomplished by it. A very interesting and able anonymous paper was then read by the toast-master, H. Warren Johnson, '88, which almost immediately brought J. Heber Smith, M.D., to his feet in response, as he said he recognized many of the points as peculiarly Smithsonian. I. T. Talbot, M.D., Dean of

the Medical School, followed, and congratulated the members on the able and entertaining manner in which the evening's programme had thus far been carried out, and heartily indorsed the Society; and was satisfied, that, if properly governed, its field of usefulness and influence would be a broad one. An anonymous poem was then read by M. H. Clarke, '88; after which the following toasts were responded to: "Great Expectations," C. H. Thomas, '88; "When I was in Vienna," C. W. Morse; "Microbes," W. T. Talbot; "The Juniors," G. E. May; "My 'Opening' Year," G. W. Bates, M.D.

The invited guests were I. T. Talbot, M.D., and J. Heber Smith, M.D.

A committee composed of the following members was appointed by the President to take active measures toward the publishing of a monthly paper by the Society, to be devoted to research, report of cases, and every thing interesting to the medical fraternity:—

H. Warren Johnson, Charles H. Thomas, Maurice W. Turner, C. W. Morse, George W. Bates.

REVIEWS AND NOTICES OF BOOKS.

PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD. By C. Neidhard, M.D. Philadelphia: F. E. Boericke. 1888. 188 pp.

Of "making many" — repertories — there seems to be "no end;" but no well-made repertory is without its use to the busy practitioner. It is a great point in favor of the present one, that it is not, on its chosen subject, a mere indiscriminate rescript of Allen's Encyclopædia, but gives chiefly such symptoms as, by a somewhat general consensus of opinion, are found reliable. The author's half-century of clinical experience has been pressed into profitable service, the symptoms prominently verified by him being given in large type. Much catholicity of mind is shown on the potency question, the potencies recommended in various connections varying from the mother tincture to the two thousandth. The repertory, as a whole, is excellently planned and executed, and is doubtless destined to prove of genuine usefulness.

INTUBATION OF THE LARYNX. By F. E. Waxham, M.D. Chicago: Charles Truax. 1888. 110 pp.

In the absence of any other testimony on the subject, though fortunately other testimony is not wanting, this small volume

alone would demonstrate how firmly established, both in theory and practice, is the immensely important operation of which it treats. Both the text and the statistics here incorporated show convincingly how superior may be intubation to tracheotomy, in nothing more so than in the improvement of the original tube by the addition of a metallic glottis, thus enabling the patient to swallow liquids. Two hundred and fifty cases, of which three-fifths were the author's, offer no unworthy data on which to found conclusions. No surgeon can afford to be ignorant of the story this little book has to tell, and which is told clearly, concisely, and in admirable literary style, and supplemented by suggestive illustrations.

ESSAYS ON HYSTERIA, BRAIN-TUMOR, AND SOME OTHER CAUSES OF NERVOUS DISEASE. By Mary Putnam Jacobi, M.D. New York: G. P. Putnam's Sons, 1888. 216 pp.

The leading essays of this volume are on Hysteria and Tumors of the Brain. The lesser ones are on The Special Liability to Loss of Nouns in Aphasia; A Case of Nocturnal Rotary Spasm; The Prophylaxis of Insanity; Antagonism between Medicines and between Medicine and Disease; and A Case of Hysterical Locomotor Ataxia. The first essay, entitled Some Considerations on Hysteria, is a notably able one, presenting evidences alike of wide study and well-assimilated experience. In it are considered at length, the etiological and pathological factors, and the different forms of manifestation, of the disorder. The conclusion reached, from sound premises, is that the disease is primarily a disease of the fore-brain. Prophylaxis and treatment are considered from the standpoint of the cerebral nature of the disease. Moral influences are cited as among the efficient means of prophylaxis. "Early in life the 'ego' must be, by habit, decentralized," is a recommendation as practical as it is philosophical. Altruism transmuted from principle to habit of life, or, as the author, again in markedly philosophical phrase, puts it, "the cultivated habit of centrifugal impulses, to balance the excess of sensibility," is effectively urged, in the case of those patients of whom hysteria may be predicated. In the matter of treatment, drugs are relegated to a subordinate position; the value of change of scene and occupation, faradization, massage, Swedish movement cure, Battey's operation, etc., being in turn set forth. The remaining essays are scarcely less worthy study and thought. The book as a whole will take its place, it may be confidently predicted, among the "little classics" of medicine; and the specialist, in the affections treated of, will find it a quite invaluable counsellor.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. By Ambrose L. Ranney, A.M., M.D. New York: D. Appleton & Co., 1888. 791 pp.

The beginner or the dilettante in medical education has a tendency to regard himself, when "through" with a course on anatomy, as having no more to learn at any future time, on that "dry" subject, popularly so regarded. But the truth is, that, though anatomy never changes, the fulness of the knowledge of anatomy is by no means complete; and new and, to the trained thought, highly interesting theories on anatomical points are by no means rare in scientific literature. Nothing, for instance, could be less dull, less like a twice-told tale, than the present work, in which Professor Ranney treats exhaustively of the anatomy of the cerebro-spinal axis and nerves. The full scope of the work also embraces the physiology of the entire nervous system, and the interpretation of those facts which are applicable to diagnosis. This clinical aspect of the work will especially claim the attention of the physician, and, in these days of the rapid advancement of his art, of the surgeon also. The work is divided into four parts, dealing respectively with, I. The Encephalon. II. The Cranial Nerves. III. The Cord. IV. The Spinal Nerves. Frequent quotations are made from such authorities as Fritsch, Hitzig, Duret, Seguin, Dalton, Foster, Charcot, Ferrier, and other well-known workers in this field.

Doubtless through an oversight, the arachnoid of the cord is somewhat anachronistically described as a "closed sac," having "two layers;" while in connection with the cerebral arachnoid we find the newer and generally accepted description. If criticism may be ventured on a work so exceptionally admirable, we would suggest that the blood-supply of the brain is, in view of the importance of the subject, something too briefly dealt with. But on the whole, unstinted praise is due a work so pains-taking, scholarly, and deeply interesting. It is offered in thoroughly fine form, and well illustrated.

A TREATISE ON DISLOCATIONS. By Lewis A. Stimson, B.A., M.D. Philadelphia: Lea Brothers & Co., 1888. 539 pp.

This handsome volume completes the work, the first part of which, a volume devoted to fractures, appeared several years ago. In this book are discussed, first, traumatic dislocations, giving statistics, mechanism, pathological anatomy, complications, accidents that may be caused by attempts to reduce a dislocation, etc.; secondly, non-traumatic, congenital and spontaneous dislocations; and, third, the special dislocations, these being treated with most exceeding and systematic completeness.

Indeed, the work as a whole is an encyclopædic one, on its important subject. While it cannot be said to displace Hamilton's classical treatise, it invaluablely supplements it, and should win speedy place beside it in every surgeon's library.

PRESCRIPTION WRITING. By Frederic Henry Gerrish, A.M., M.D. Philadelphia: J. B. Lippincott & Co., 1888. 55 pp.

In the matter of longevity, at least, this very tiny volume proves the truth of the philosophic axiom that substance is all, and size is nothing! since the present is the seventh edition which its merits have called forth. It is admirably adapted to its purpose, which is the instruction in correct prescription-writing, of students unlearned in Latin. Those more fortunate, indeed, in the matter of preliminary education, may often have occasion to profit by its reminders and suggestions.

ACCIDENTS AND EMERGENCIES. By Charles W. Dulles, M.D. Philadelphia: P. Blakiston, Son & Co., 1888. 123 pp.

As is appropriate in a book primarily intended for the instruction of the laity, the present one is written in a popular, untechnical style, and its diagrams are of the sort which give up their secret at a glance. It gives directions how to meet most "accidents and emergencies," and effectively utilize the sometimes critical moments before the services of a physician can be obtained.

THE JUNE CENTURY continues Kennan's absorbingly interesting Siberian papers with one on the "Plains and Prisons of Western Siberia," and the "Life of Lincoln" by chapters on the events contemporary with Bull Run; gives a charming account, from the pen of Mr. De Vinne, of "The Plantin-Moretus Museum at Antwerp;" and has its usual entertaining quota of short stories, poems, and essays. New York: The Century Co.

THE POPULAR SCIENCE MONTHLY for June furnishes entertaining reading for physicians in the papers on "The Effects of Moderate Drinking," by Dr. Harley; "Animals as Modified by Environment," by Professor Steere; and "The Imitative Faculty of Infants," by Professor Preyer; while workers in other departments of science will find themselves as interestingly served. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

A SYSTEM OF OBSTETRICS, BY AMERICAN AUTHORS. Edited by Barton Cooke Hirst, M.D. Vol. I. Philadelphia: Lea Brothers & Co.

DOMESTIC COOK BOOK. A Companion to PULTE'S DOMESTIC PHYSICIAN. By Mrs. Dr. J. H. Pulte. Cincinnati: George W. Smith.

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF THE DISEASES OF WOMEN.
By Graily Hewitt, M.D., F.R.C.P. A new American from the fourth revised
and enlarged London edition. Edited with notes and additions by H.
Marion Sims, M.D. New York : E. B. Treat, 1887. 3 vols.

MISCELLANY.

BRAIN TISSUE.

THERE is a party, fat and stout
As any Turk on Bosphorus,
Who at our dinner-table sits,
And ne'er his babble intermits,
But prates of mush and wheaten grits
And "mean amount of phosphorus."

He always airs his favorite theme,
Nor cares a penny's toss for us,
But rails at beef with "pooh" and "pish !"
And calls for cod and other fish,
Hoping to gain — his dearest wish —
The "mean amount of phosphorus."

Oh ! that he'd change his boarding-place,
'Twould surely be no loss to us ;
But there's one consolation yet,
His star, ascendant, will soon set ;
Sometime he'll die, and then he'll get
His "mean amount of phosphorus."

ANON. *Medical Register.*

A TRAVELLING doctor, who is holding forth in Indiana, has bills which read : "If
not hanged by a mob, I shall reach this place about——." — *Weekly Medical Review*,

He may some stately palace own,
All silk inside and outside stone ;
But still in counting human woes,
Like some base-burner stove he goes,
And never sleeps — so far as known —
The Doctor.

Medical Review.

TOO MUCH INTEREST IN MEDICAL EXHIBITS. — During the meeting of the Inter-
national Medical Congress, a reporter of one of the Washington dailies was in-
structed to get a list of the various exhibits. The first exhibit he encountered was
a tremendous crowd of people around a little defenceless urn containing cocoa,
which was being passed around in liliputian cups.

"Are you a doctor?" asked the gentleman in charge.

The reporter admitted that he wasn't, but he had an uncle who was. This en-
titled the reporter to a cup of cocoa, which he took in one small-sized convulsive
swallow with great gusto.

Passing a man with the prettiest, most tastily decorated stomach-pump it had
ever been his privilege to gaze upon, the reporter reached the pepsin stand, where
he took enough pepsin to enable him to digest the cocoa. A small sample of cod-
liver oil was presented and taken as a preventive for consumption. Everybody was
cordial and free-hearted, and the reporter's gastric apparatus was treated to some
remedy for heart-trouble for a change. Up to the time he stopped keeping count,
he charged his alimentary canal with a box of baby-food, seven different kinds of
tonic, any one of which was warranted to make your hair curl, two glasses of orange

wine, and a dose of bromo-caffeine. He also took a look through a microscope, and a couple of electric shocks.

It was five o'clock in the afternoon when a man, who called himself a "Repper-shentative Zhurnalist," was found groping wildly about the hall.

"Any thing we can show you?" asked one of the affable exhibitors.

"Yes shir; show me zher man ash got the stomich-pump."—*College and Clinical Record.*

PERSONAL AND NEWS ITEMS.

DR. EMILY A. BRUCE has returned to Boston, and located at Hotel Dunbar. Office hours, 9 to 10 A.M., and 3 to 5 P.M.

DR. HARRIET A. LORING has opened an office at No. 10 Phillips Building, corner Hamilton Place and Tremont Street, Boston. Hours, "all the morning."

EDWARD B. COLEMAN, M.D., has located at Malden, Mass.

WE learn with pleasure that Dr. B. F. Bailey, who was so well and favorably known in New England, and now of Lincoln, Neb., has recently been elected President of the Homœopathic Medical Society of Nebraska.

REMOVAL.—Since the 1st of June, Dr. Bender has occupied the first floor at No. 134 Boylston Street, three doors above former residence.

During July and August, he will be at the Atlantic House, Nantasket, Mass., visiting the city Tuesdays, Thursdays, and Saturdays.

Office hours, 9 to 10 A.M., 2 to 4 P.M.

THE following faculty has been elected to serve in the new Kansas City Homœopathic Medical College: Dr. F. F. Casseday, professor of diseases of eye and ear; Dr. W. A. Forster, professor of surgery; Drs. W. H. Jenney and T. H. Hudson, professors of principles and practice of medicine; Dr. J. T. Elliott, professor of obstetrics; Dr. A. E. Neumeister, professor of medical and surgical diseases of women; Dr. E. F. Brady, professor of materia medica; Dr. Mark Edgerton, professor of physiology, histology, and sanitary science; Dr. Peter Diederick, professor of physical diagnosis; Dr. B. S. Morrison, professor of chemistry and toxicology.

Dr. J. C. Bennett, professor of descriptive and practical anatomy; Dr. J. C. Wise, lecturer on pharmacy; Dr. W. P. Cutler, demonstrator of anatomy; B. H. Chapman, lecturer on medical jurisprudence.

The faculty officers are: F. F. Casseday, dean; Edward F. Brady, registrar. The first session will open Sept. 15.

At the May session of the Indiana Institute of Homœopathy, the president elect, Dr. G. W. Bowen, read a rhyme "showing up" the absurdities of the mind-cure, from which, as it seems, the West is now suffering as severely as are we.

THE STATE UNIVERSITY OF MINNESOTA is divided, as to its medical department, into three sub-departments: the College of Medicine and Surgery; the College of Homœopathy; and the College of Dentistry.

The curriculum of the department is practically an exact copy of that of the Harvard Medical School. The entrance examinations will be conducted by a committee of the faculty of the department of science, literature, and arts, and the dean of the department of medicine and surgery. All students will take the lectures in anatomy, physiology, and chemistry, and will be required to pass in all these branches, after which they will be permitted to go on into the full college whose course they may elect to pursue.

The faculty of the College of Homœopathy is as follows: Professor of theory and practice, Dr. Henry Hutchinson, St. Paul; professor of materia medica and therapeutics, Dr. W. E. Leonard, Minneapolis; professor of obstetrics, Dr. H. C. Leonard, Fergus Falls; professor of gynecology, Dr. A. E. Higbee, Minneapolis; professor of principles and practice of surgery, Dr. R. D. Matchan, Minneapolis; professor of pædology, Dr. H. W. Brazie, Minneapolis; professor of clinical medi-

cine, Dr. George E. Ricker, Minneapolis; professor of ophthalmology, Dr. J. F. Beaumont, Minneapolis; lecturer on clinical surgery, Dr. W. S. Briggs, St. Paul; lecturer on dermatology, Dr. H. C. Aldrich, Minneapolis; lecturer on physical diagnosis and laryngology, Dr. E. L. Mann, St. Paul; lecturer on nervous diseases, Dr. S. M. Spalding, Minneapolis; lecturer on genito-urinary diseases, Dr. H. B. Ogden, St. Paul; lecturer on otology, Dr. D. A. Strickler, Duluth.

MR. ALBERT MURDOCK, of "Liquid Food" fame, has evidently gotten the best of it in his late spirited little tussle with several prominent medical journals. It appears that an anonymous journal published in this city attacked the "Liquid Food" as a worthless preparation, basing its statements on certain purported "revelations" of a discharged employee of Mr. Murdock. The "Journal of the American Medical Association," the "Pittsburg Medical Review," and the "Philadelphia Medical and Surgical Reporter," therewith appeared with editorial articles echoing the above reports, and commenting upon them, and upon the Murdock Hospital, in a spirit acrimonious enough to suggest something more personal than devotion to science. On discovering the origin of the "revelations," the two journals last mentioned made ample and courteous retraction; but the one first named still retains its somewhat unlucky position. It would be an interesting inquiry, how far the zealous virtue which seized a baseless pretence to thus attack a well-known and useful article of commerce, was pricked on by the fact that homœopathy is in honorable and useful control of a part of the hospital, which, whatever the ultimate aim of its founder,—a matter concerning which simple justice and courtesy would seem to forbid invidious suggestion,—is unquestionably a much-needed and beneficial charity.

ALFRED K. HILLS, 465 Fifth Avenue, New York City, writes: "I prescribe Lactated Food whenever opportunity offers, being perfectly satisfied of its food value. I have children who have never tasted any other food since they were born."

It is to be regretted that many mothers do not commence the use of Mellin's Food until their infants are sick. It must be borne in mind that this Food is not a medicine, and is not intended primarily for sick babies, but is an excellent artificial food for healthy as well as for sick infants.

Owing to the careful way in which it is manufactured, the whole of the starch is converted into dextrine and grape-sugar, so that the greater part of the work of digestion is performed before the food reaches the child's stomach. Mixed with milk and water the Food is, as a rule, readily digested by the youngest infant.

THE WELLS AND RICHARDSON COMPANY have issued a very pretty photograph of an infant named Amy Cox, intended to show the good results obtained from the use of Lactated Food. They will be glad to forward one of these photographs to any physician sending to them his address.

OBITUARY.

In Memoriam.

FRANCES A. DOWLING, the beloved and saintly wife of Professor John W. Dowling, passed peacefully through the final shadows of earth and into eternal sunshine, on the 11th of May, 1888. Her life was gentle, and the elements so mixed in her that the pure, the true, the beautiful, and the immortal far overmatched that portion of her nature which bound her to earth in the form of material necessity.

Mrs. Dowling was not only known and beloved by parents, husband, children, and the usual circle of near friends, but she also enjoyed an enduring and pleasant acquaintance with many members of the medical profession. This arose from the fact that her husband occupied exalted positions in educational and society circles; and likewise from the no less important fact, that she herself was an earnest, faithful, and intelligent worker in the fields of charity and of medical progress. No cause demanding benevolence and enterprise could be brought to her notice without exciting in her mind a lively and abiding interest.

We remember with gratitude and admiration her labors at the first great fair,

held at the Twenty-second Regiment Armory, about eighteen years ago, by which nearly forty thousand dollars were raised to establish a Homœopathic Hospital. She was the inaugurator of that movement, and for many years was active in raising money for the erection and support of a hospital christened with the name and dedicated to the memory of Hahnemann. Even in her last illness, Mrs. Dowling was persistent in her efforts to aid in the fair for the New-York Homœopathic Medical College, and through the assistance of friends she conducted one of the booths at this fair to successful issues; and her only tears were shed because she could not do more for the college she loved.

The members of the profession throughout the United States will recall Mrs. Dowling as the genial hostess of her husband's friends, at Lake George, in 1879, and again at Brighton Beach in 1881, when Dr. Dowling, as President of the American Institute of Homœopathy, entertained the physicians from many States, in a manner that rivalled both Oriental and Southern hospitality. And for years her pleasant face was seen at the Institute meetings, where she had a winning smile and a kind word for all.

During her husband's administration as dean of the college, she was a true "helpmeet," and in every thing that pertained to the interests of the students she took a lively and deep interest. She was always present at the college commencements, and at the closing exercises of the Hahnemannian Society, until final and fatal illness prevented.

Mrs. Dowling's devotion to her husband, her children, her friends, and the highest interests of humanity, has passed into a proverb among those who knew her. Thus we may sum up and epitomize her life: unselfish activity in every good word and work, and unswerving fidelity to her many friends. Her kindnesses and her hospitalities were the results of no studied arts, but they were the natural expressions of a noble soul.

Mrs. Dowling was stately without ostentation, benevolent without display, charitable without guile, and friendly without hypocrisy.

Her day on earth is ended, but her influence lingers like the sweet smell of a rose, or the perfumed memory of an inspiring song. Her face has vanished, but the light of her countenance still cheers the souls of her friends, even as the hilltops remain bright with the glows and tints and collected splendors of the setting sun. Her name may fall less frequently from human lips than during life, but her virtues will be embalmed in many hearts, and her deeds of goodness will linger long in many memories.

Faith, fidelity, and love, these three were her crowning qualities; but the greatest of these was her abounding love. As the mellow sun-rays penetrate both the cabins of the poor and the towers of kings, so the love that was in this good woman's heart gave color and tone and richness of beauty to her every thought and act in behalf of friends of both high and low degree. Such a life is not only a sweet remembrance, and a glorious inspiration, but it is likewise an injunction and a fulfilment.

As we drop this prose wreath upon Mrs. Dowling's grave, we decorate it with a ribbon of poetry, on which is inscribed the expectation of God, an injunction to effort, and a suggestion of ripe achievement:—

"As each goes up from the field of earth,
Bearing the treasures of life,
God looks for some gathered grain of good,
From the ripe harvest that shining stood,
But waiting the reaper's knife.

Then labor well, that in death you go
Not only with blossoms sweet,
Not bent with doubt, and burdened with fears,
And dead, dry husks of the wasted years,
But laden with golden wheat."

Few women have passed on bearing a larger or more glorious burden of acquired usefulness than the dear friend whose name and memory we now seek to honor. To such a friend we can only say: "Well done," and "Amen."

S. H. TALCOTT, M.D.

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EDITORIAL.

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CONCERNING THE INSTITUTE SESSION.

THIS meeting, which is now a matter of history, and which has been so promptly chronicled by the official stenographers, to whom belongs much praise, presents many points of great interest to the profession, and, it follows, to the whole community.

Aside from the value in a social way of bringing two or three hundred prominent physicians together from the various parts of a country of such vast extent as our own, the amount of professional work done, the number of valuable papers presented, and the discussion participated in by men of large experience, would stamp this meeting as one of the most successful ever held by the Institute. While it would be a work of supererogation to attempt, at so late a date, to report the details of all the work done at Niagara Falls, we may perhaps with benefit dwell for a moment on certain parts and aspects of it, and make some general observations in regard to the Institute, its work, what it has done, and what it may do.

I. THE PLACE OF MEETING.

The "variety" which spices life, certainly has entered into the life of the Institute, so far as the places in which it has held its meetings are concerned. It has met in the most crowded cities, — Boston, St. Louis, Cincinnati, Chicago, Balti-

more, Philadelphia, and New York, with all their thousand distractions ; it has assembled at the nation's capital ; and has been the guest of quiet towns, such as Cleveland, when, more than now, it was the "Forest City;" in Albany before it held its fifteen millions' worth of capital ; and in New Haven, the "Elm City," and home of Yale. The lakes have not been neglected ; the Institute meeting at Lake George, Lake Chautauqua, and twice at Put-in Bay. Watering-places and other noteworthy localities make up the more than forty meetings which might be named ; but we venture to say, that, of all the places selected, there has been none so satisfactory to those in attendance, in point of physical comfort and good care, as Saratoga Springs. Niagara Falls is in a central position as regards East and West, and on the great highways of the nation. Its wonders cannot be eclipsed, and it will ever be an attractive spot to see and see again. Three times the Institute has met here, and each meeting has been a large and important one. It is a singular fact that at each of these has arisen discussion upon subjects touching the basic or fundamental idea of the Institute. The first of these meetings opened at Niagara Falls on June 9, 1874. Up to this time it had been a law of the Institute, that its members should believe in, and practise in accordance with, the principle *similia similibus curantur*. There were those who felt that it was a part of their duty, as faithful members of the Institute, to see that this law was zealously enforced, and that the Institute must become the watchful guardian of the opinions and practice of all its members. Unfortunately, there were some who felt that their opinions were the only just and true opinions on the subject of homœopathy, and that "whoever differed from them by but the breadth of a hair," the same was a heretic, and should be cast forth. At this meeting the revision of by-laws brought this subject before the Institute, and it created the most exciting and lengthy discussion this body ever entertained. Till two in the morning the meeting remained in session. And here it was that Carroll Dunham spoke such noble words for that "Freedom of Medical Opinion and Action" which had been foreshadowed four years previously, in his time-enduring address at Chicago. By an overwhelming vote the by-laws were changed, and henceforth no physician in good standing could be debarred membership, who entered for the purpose of learning the better way of healing.

At the second meeting at Niagara, June 19, 1883, with the broad-mindedness which characterizes the man, Dr. Egbert Guernsey proposed that the word "homœopathy" be stricken from our title, and that henceforth it should be known as the "American Institute of Medicine." He argued that as physicians we

should not be hampered by any sectional title. On the other hand it was contended, that, under this sectional title, we had advanced the true principle of therapeutics, against opposition, dogmatism, and ostracism, until it was rapidly being accepted by the whole medical world, and that in this moment of success to relax our efforts, or to withdraw even our name, would hint at ignoble surrender, instead of certain victory. The proposition was unanimously rejected. At the present meeting, A.D. 1888, Dr. H. C. Allen proposed that the original by-law repealed with such noble enthusiasm on this spot fourteen years ago, should again be restored; and that, in order to become members, physicians must believe in, and practise in accordance with, the principle *similia similibus curantur*. No discussion was accorded to this proposition, but Dr. Allen gave notice that he should bring it up for discussion next year. We may therefore expect to hear from it on the shores of Lake Minnetonka, unless different and, we must emphatically add, wiser counsels prevail with the mover.

"Ever onward," not backward, should be our motto. Every step in the direction of dogmatism is a retrograde step.

II. THE WORK OF THE SESSION.

We shall be better able to judge of the value of the papers presented, and of the discussions, after they have been put into "cold type;" but, from what we have heard and seen already, they seem to be better than usual this year. They show more careful study, and more original investigation. Thus, in the department of *Materia Medica*, the thorough manner in which zinc and its compounds are considered, will make this year's work memorable to students of this valuable metal. It is noteworthy that the younger men come forward in the work, many of them with careful and thorough training, both literary and professional; and both their papers and discussions have about them the atmosphere of scholarship.

One special feature of this meeting is very encouraging. It is the wide-reaching, almost national character of its work. The proposition to publish a history and *résumé* of the Institute itself; to prepare and publish an *International Pharmacopœia*; to provide for an *International Homœopathic Congress* in 1891 or 1892; the advanced movement of the medical colleges as represented in the *Intercollegiate Committee*, and indorsed so warmly by the Institute; and the report on *Medical Legislation*, which outlines a policy to be pursued in all the States where efforts may be made to injure the standing of our practitioners, — these all were subjects which only a national association could profitably consider and act upon.

III. THE SENIORS.

This body, as is well known, consists of members who for twenty-five consecutive years have been in "good and regular standing" in the Institute. Last year there were just one hundred. Death has called nine of these in the year; and as, owing to the suspension of the Institute sessions during the war, there were no accessions to membership from 1860 to 1865, so, for two years to come, there will be no accession to the list of Seniors. After that time the ranks will rapidly be filled again, let us hope to be kept well filled hereafter. It is, perhaps, an unparalleled and certainly a moving sight, to find one hundred professional men, who, for twenty-five years, have been constantly banded together in support of a great principle in medicine, and for the advancement of a science and art which shall benefit mankind. To this body, which the Institute has dignified as the Senate of Seniors, has been intrusted the decision of all questions of ethics, or subjects which would in like manner affect the standing of the Institute. These Seniors have also voluntarily assumed the charity-work of the association; and for many years they have had in their care and keeping, to some extent, the aged and widowed sister of Dr. Hans B. Gram, the first physician to bring to this country a knowledge of homœopathy. This sister, Mrs. Greenleaf, has died the present year, and among her last thoughts expressed was gratitude for the fraternal care given her by the Seniors of the Institute.

A proposition was entertained by this body, to prepare and publish a history of the Institute from its foundation in 1844 to the present time, with a sketch of its presidents, a *résumé* of the most important work done, and an index of all its publications. Such a work would be of the greatest value, and would add much to the medical history of the nineteenth century in the United States. It cannot be too soon or too carefully prepared, and knowledge would be thus permanently retained, which sooner or later would be otherwise irrevocably lost. We would modestly suggest, that, while the preparation of this work should be begun at once, it might be well to include in the volume before its publication, the work done up to 1894, just half a century of the Institute's life and work.

IV. THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The first Congress, or "World's Homœopathic Convention," as it was called, was held in Philadelphia in 1875, the centennial year. We all remember how the genius and energy of Carroll Dunham did so much to make it a grand success. The second

was held in London in 1881, to which America sent nearly one-half the delegates; the third was held in Basle, Switzerland, under many discouraging circumstances; the fourth was proposed for this country in 1891, and last year the Institute appointed a committee with full power to arrange for this Congress. From present prospects, in 1892, the four hundredth anniversary of the discovery of America, an international celebration of that event will take place in this country, which will attract distinguished visitors from all parts of the world. What could better form a part of this exhibit of the world's progress, than to bring together in this same year representatives of our advanced system of medicine, which has spread to every country of the civilized world? For our part, we heartily indorse the holding of this Congress in 1892.

V. INTERNATIONAL HOMŒOPATHIC PHARMACOPŒIA.

For the past twenty years our school, the world over, has felt the necessity of a reliable, authoritative, and uniform method of preparing each and all of our drugs. There have been words enough wasted, one would think, to prepare this work. It cannot be prepared, however, by an individual, or any small combination of persons, but needs the authority of such an association as the American Institute of Homœopathy. The matter is now in the hands of a working committee, from whom we may expect the best results.

VI. THE INTERCOLLEGIATE COMMITTEE AND MEDICAL EDUCATION.

For more than twenty years the subject of improving medical education has annually presented itself at the meetings of the Institute, until a standing committee was created to which the subject was referred. The committee was changed yearly, until the most prominent men in our profession have had their turn in "reporting" how medical education should be advanced.

Theories and methods, the most profound and the most unwise, have at various times come to the surface, and yet no progress was made, save as discussion stirs up ideas which, in due time, come to fruition. But out of the Institute has arisen a power which has grasped the subject in a practical way.

Years ago, and in some cases even now, every medical college was considered the enemy of every other medical college. Each school struggled for its *pabulum bonum*, in the way of tuition fees, and hence every scholar secured was a clear gain, and every one secured by some other medical school was a grievous loss, without regard to the character of said student; and often "dead-heads" were received, or fictitious names inserted, to

give the appearance of numerical success. The consequence of this struggle for students had the effect of lowering the standard of scholarship. No college dreamed of refusing a student, however unfit; and many colleges sought to graduate their students in the shortest possible time, and with the least trouble and expense. While all the colleges were in this condition, what could our Institute, or the medical profession, do to stem this current of educational demoralization? It required unity of action among the colleges themselves. A plan to accomplish this was devised. It was to have an Intercollegiate Committee, composed of two delegates from each college represented in the Institute, who should consult and report annually any action taken by these colleges in the matter of medical education. So bitterly opposed were these colleges to each other, that it has taken nearly ten years to bring this committee into harmonious relations, and for each college to fully realize that its interests are strongly bound up with the welfare and advancement of the whole. Each session has brought the members of this committee, and, necessarily, the colleges themselves, into greater harmony, until, at this session, there was a unanimous agreement by this committee, that every college represented, fourteen in all, should require, previous to graduation, three full years of medical study, and the attendance upon three annual courses of clinical and didactic instruction of at least six months each. This applies to all students who graduate at the colleges in 1891 and subsequently, so that all students who begin their studies this year come under this regulation.

Already our colleges were far in advance, proportionately, of the allopathic colleges, both in the thoroughness and length of time required in study. With this step, every one of our colleges will meet the requirements which have been often considered ideal and impracticable in this country, while less than one in five of the allopathic colleges will have attained the same standard.

It is needless to say that the Institute heartily and unanimously indorsed this action of the colleges, and to-day we stand as the leaders in advanced medical education. It remains our duty to sustain our schools, and press forward still further our standard.

VII. MEDICAL LEGISLATION.

There has never been any concerted plan of action in regard to opposing hostile legislation. It is true, that, whenever any such legislation was attempted, our friends had simply to bestir themselves, and the sense of justice and fair play in the mind of the ordinary legislator was sufficient to prevent the

passage of any law which could be used to our serious injury. Yet there has been a covert method adopted in many States, by which a State board of health or a State board of registration should have power to decide who were suitable persons to practise medicine. Fortunately, the time has gone by when any State board would dare to openly oppose any one on the ground of his believing in homœopathy; but at the same time they can do very much to annoy and throw difficulty and hinderance in the way of those whom they do not believe in, or sympathize with. It is so easy, in an examination, to put questions to a friend which he can readily answer, and to an opponent that it would be impossible for him to satisfactorily answer. It is our duty, and it is in our power, to prevent such unfairness to our friends; and this year the Committee on Medical Legislation presented resolutions which the Institute adopted, and which will serve as guides to our school, in the many questions and struggles which will arise in the various States.

The following were the

RESOLUTIONS.

"Whereas, Single State boards of medical examiners have been recently established in several States, the membership of which has been made up wholly or largely of the representatives of one school of medicine, thereby fostering and maintaining sectarianism in medicine in a most obnoxious form; and,

"Whereas, The practical effect of the creation of these sectarian boards is found to be prejudicial to the interests of other schools of medicine, and constitutes an unnecessary and unwarrantable interference with the free exercise of the widest liberty of thought and action consistent with the public welfare; therefore,

"Resolved, That whenever legislation shall be attempted in any State, looking to the creation of a single State board of medical examiners, homœopathists are hereby urged to oppose such bills to the fullest extent of their influence, unless amended so as to provide for the appointment of homœopathic examining boards, having equal legal rights and privileges with those of other schools of medicine.

"Resolved, That while we approve the appointment of State boards of medical examiners as the most suitable method for securing higher and more nearly uniform standards of medical acquirements, we reject the proposition that these desirable ends can be obtained only through the appointment in each State of a single examining board.

"Resolved, That while we approve the principle of State examinations, homœopathic interests can be conserved only by the establishment in each State of a separate homœopathic examining board, or that which is its equivalent; viz., the appointment of a full corps of seven or nine homœopathic examiners, whose decision alone shall be final as regards the standing and licensure of all homœopathic and other students making application thereto.

"Resolved, That in case it shall be found to be difficult or expedient to create and maintain a State homœopathic examining board, homœopathists are hereby urged to rely for the protection of their interests mainly on laws for the regulation of medical practice, and the registration of all practitioners.

"*Resolved*, That in States in which laws for the regulation of medical practice have failed to protect homœopathic interests, and persistent efforts are being made for creating a single old-school examining board, homœopaths in such States are urged to secure a board of their own; and, failing in that, to insist upon the passage of a law providing for the teaching of homœopathic principles and practice in each of the old-school medical colleges in said States, in order that all medical students educated therein shall receive at least a theoretical knowledge thereof.

☐ "*Resolved*, That a copy of these resolutions, with such other suggestions as the Committee on Medical Legislation may deem proper, including suitable forms of proposed medical bills, be presented by circular or otherwise to the homœopathic profession at an early day."

VIII. THE NEXT SESSION

The cordial invitation from the State Society of Minnesota, and from the physicians of Minneapolis and St. Paul, that the Institute should hold its next session at Lake Minnetonka in that State, met with a most hearty response, and it was unanimously voted to accept the invitation. The same thing would have obtained last year, had it been presented in the same way; but when the Institute was assured that the physicians of Minnesota were not prepared to receive us in 1888, but would be glad to do so in 1889, nothing remained but to accept the inevitable, and this important meeting at Niagara Falls was the result.

The meeting at Lake Minnetonka can be a greater success, even, than this has been, if sufficient effort be put forth. In point of numbers it can be larger. There are many physicians in the East who would gladly take this occasion to visit the great West; and it will remain for that section to show its interest in our national cause, by identifying itself with this national association, and putting forward its best efforts to make the session the most important one it has ever held. The West does not do things by halves, and will not in this instance. The various bureaus and committees, too, have important subjects to report upon, and they have a year to prepare these reports. It remains for them to show both their ability and energy.

We look forward with pleasure and anticipation to the meeting at Lake Minnetonka in 1889. *

COMMUNICATIONS.

ALCOHOL AS A MEDICINE.

BY H. A. GIBBS, M.D., LEE, MASS.

To one who has watched with critical eye the evolution of our ideas in regard to the medical use of alcohol, Dr. Cushing's paper in the last number of the GAZETTE contains some very

interesting observations. While I cannot entirely agree with him in the application of alcohol to disease, I can most heartily second his plea for its purity. It has long seemed to me that the very impurity of the ordinary liquors sold for medicinal purposes, to say nothing of their outrageous adulteration, must eventually banish them from the armamentarium of any physician who would lay claim either to knowledge or accuracy in prescribing.

Granting that pure ethylic alcohol is our desideratum, why does Dr. Cushing stop with brandy, whiskey, rum, etc.? Are not these, at the best, *impure* forms of ethylic alcohol? Does not each of these contain a number of acids and essential oils peculiar to itself, whose presence is always an unproven and varying quantity? Granting that all he says in regard to ethylic alcohol is true, would it not be far better to prescribe it in a pure state, diluted, if diluted it must be, with nothing but water?

But while seconding his plea for the purity of the alcohol we use, let it be distinctly understood that I do it for the same reason that I would insist on the purity of any *drug*. I believe the time has come when the medical profession must cease to look upon alcohol as in any sense a food; that it must be placed in the category of powerful poisons, to be used as carefully as any other. In this opinion I differ materially from Dr. Cushing, for it will be noticed that he uses it as a force generator and inhibitor, basing such use on its oxidizing power. In other words, he uses it as a very diffusible and readily combustible carbonaceous food, that acts as a sort of kindling-wood when the normal process of oxygenation is burning low in the system. Without stopping to criticise the use of alcohol for two conditions so directly at variance with each other, let me say, that his fundamental proposition, which underlies both these uses, namely, that alcohol is oxidized in the system, I believe to be far from an established fact, indeed a pure assumption, long held by profession and laity, it is true, but, like many other popular and time-honored ideas, directly contrary to some of our latest and best researches. Let us briefly enumerate some of the physiological facts that tend to prove its fallacy:—

1. *Alcohol causes a decided decrease of bodily temperature.* While it does not follow that all carbonaceous foods will cause a rise of temperature, it is true that there can be no marked increase of combustion, or, at any rate, no decided generation of nerve-force, with a decrease of temperature.

2. *The products of combustion are entirely wanting.* The amount of carbonic acid exhaled from the lungs is decreased by the use of alcohol; while no increased amount of water,

acetic acid, or any other product of oxygenation, has been discovered.

3. Alcohol, when taken in quantities above forty-five grammes (1½ ounces) in twenty-four hours, shows itself in all the excretions, and is rapidly eliminated from the system as pure alcohol. Being eliminated unchanged, it cannot, of course, have undergone oxygenation. Neither is there any proof that the forty-five grammes retained in the system undergoes any change, for it has been found as pure alcohol in all the tissues long after it ceases to be discoverable in the excretions; and the strong probabilities are, that the quantity retained circulates in a pure state, works its narcotic effect on the system, diminishing cell-life, and retarding molecular change, as is shown by the lowering of the temperature and the lessened exhalation of carbonic acid, and like ether, chloroform, and other substances of the same chemical group, is finally eliminated in a pure state, incapable either of assimilation or combustion.

4. Alcohol is not only incapable of combustion itself, but, by its direct action on the blood current, it interferes with the normal oxidizing process of the system. It causes the red corpuscles to shrink and shrivel, and pack closely together, much as has been observed in cases of carbonic-acid poisoning, thus diminishing their power of conveying oxygen.

If these propositions are true, and I believe they are too well founded to be gainsaid, then it follows that any conclusion which is based on the supposition that alcohol combines with oxygen in the system, or aids in the combustion of other carbonaceous foods, must fall to the ground. It follows that alcohol is unworthy the name of a food, either in the sense of building tissue or generating force; that it cannot be considered an inhibitor by virtue of any oxidizing power it possesses; that it restrains waste, if it does it at all, by diminishing cell-life, and retarding molecular activity; in other words, by its narcotic and sedative effect in the whole system. From this last statement it may be rightly inferred that I agree with Dr. Cushing in regard to the narcotic effect of alcohol; and it seems to me that this is by far the better explanation of its value in his case No. 2. A student deprives himself of needed sleep for a long time; loss of nerve-force follows, as is shown by a long train of mental and physical symptoms. The physician gives alcohol, on the supposition, that, by its power of uniting with oxygen in some unexplained way, it restrains waste. My explanation would be, that it simply puts the man to sleep by its sedative effect. Restoration of nerve-force, with disappearance of mental and physical symptoms, follows.

But, while agreeing with Dr. Cushing in regard to the narcotic

effect of alcohol, I must decidedly disagree in his application of it as shown in case No. 3.

It should always be borne in mind, that this sedative effect of alcohol, its power to diminish pain, soothe excitement, and drive away care, renders it extremely seductive, and therefore extremely dangerous. Doubly so it must be to one who is already suffering from alcoholism, and incapable of making nice distinctions between pure and impure liquors. And the danger becomes obvious, when we realize that it can be obtained in every land, oftener impure than pure, and that there is no sedative whose use, once established, is so little under the control of the physician.

I believe that a careful study of the pathogenesis of alcohol by any homœopath will convince him, that we can have but little use for it, even in a pure state; that, from first to last, its action on the system is that of a narcotic and sedative poison, closely resembling ether and chloroform; that this is its only legitimate use, even where its full physiological effect is desired; that the first stage of intoxication, which commonly passes for stimulation, is in reality the first stage of paralyzation; that it has no value whatever as a food, a tonic, or a stimulant, in the ordinary acceptance and use of the terms. I have neither time nor space to enumerate the various steps by which these conclusions have been reached. It is sufficient for our purpose to say that they have been reached by such able experimenters as Professors Davis, Hempel, and Martin of our own country; Drs. Richardson, Carpenter, Edwards, Sidney Ringer, and Sainsbury of England; Lallemand, Perrin, and Duroy of France; and others whose studies and researches have helped to establish their truth.

It is true that they are, in a great measure, contrary to our commonly accepted ideas, and the medical profession is very loath to give up a thing to which it has clung so long and tenaciously as to the indiscriminate use of alcoholic liquors. We cannot dismiss these conclusions, however, because they seem to us radical and extreme. We have most of us lived long enough to learn that the radicals of one generation are the pioneers of the next, and the conservatives of to-day the fogies of to-morrow. The one question which we have a right to ask is this: Is a new claim founded on truth? If so, then there can be but one course for us to follow; and that is, to accept it, and gauge our practice by it, even though it overthrow one of the most time-honored idols of our profession.

AT Waldeck, Germany, a law has been adopted forbidding the granting of a marriage license to any person who has become addicted to alcohol. — *Medical News*.

APROPOS OF ALCOHOLISM.

TO THE EDITOR OF THE "NEW-ENGLAND MEDICAL GAZETTE."

Dear Sir,—In reading your comments upon my article on alcoholic stimulants, I am very sure that you misunderstood my position, and the idea I wished to convey to the reader. Not under any consideration would I encourage the indiscriminate use of alcoholic stimulants, because they were pure; nor would I treat every case of alcoholism by administering a narcotic dose of alcohol. After the experimental research made by *Andrie* and *Dujardin-Beaumetz* upon the poisonous nature and power of the different alcohols and their derivatives, the following conclusions were deduced: that the fusel-oil or, chemically speaking, the propylic, butylic, and amylic alcohols, and the aldehyde were from fifteen to twenty times more powerful than the ethylic alcohol; and that the aldehyde and fusel-oil to be found, more or less, in all distilled liquors, are the elements which produce (when taken into the system) delirium tremens and all its accompanying symptoms; and that, with the ethylic alcohol, the least objectionable of the alcohol series, the production of this malady would be quite impossible.

Therefore I feel free to state that the case of great mental disturbance alluded to was caused by the fusel-oil, or aldehyde, or both, in the stimulants the patient had been taking; and his condition was a fair sample of the effects of the average alcoholic beverage, and illustrates the fact that chemical purity should be insisted upon as our only safeguard.

There is a morbid condition of the nerve centres, which presents itself in a form of inebriety, causing delusions, nervous perturbations, tremors, sleeplessness, etc., whether caused by fusel-oil, aldehyde, or the poison of scorpion or viper, upon which a proper amount of pure alcoholic stimulus will have a decided curative action. Under some circumstances I have proven that amount to be the narcotic dose. In regard to the case I reported, which came under my own observation, the dose administered cured the patient; and he has lived ever since an honest, upright, and sober life, thoroughly ashamed of the condition he unconsciously fell into, and has thanked me that he was rescued from the shame of being publicly exposed by being committed to an insane-asylum. As was said at the outset of my previous communication on alcohol, my purpose was to set aside the temperance feature, and study the therapeutic action of a definite agent; and the thought of a possible bad moral effect ought not to debar the prescription of a positively known agent to restore from a pathological condition to a healthy state.

We are instructed in the "Organon of Medicine," that "the

first and *sole* duty of the physician is to restore health to the sick." Also, "when the physician is acquainted with the *therapeutic effects of medicines* individually ; when, guided by evident reasons, he knows how to make such an application of that which is curative in medicine to that which is indubitably diseased in the patient (both in regard to the choice of the substances, the precise dose to be administered, and the times of repeating it), that a cure may follow ; when he knows what are the obstacles to the cure, and can render the latter permanent by removing them,—then only can he accomplish his purpose in a rational manner ; then only can he merit the title of a genuine physician, or a man skilled in the art of healing."

"The physician is likewise the guardian of health, when he knows what are the influences that disturb it, which produce and keep up disease, and can remove them from persons who are in health." How can we know and study the individuality of a substance when it is combined with other more powerful and variable elements ? I would have pharmacodynamics picture out the pathogeneses of the different substances found in the product of the still, and allow chemical science to declare what shall be used, and what shall be rejected, so that "he who runs may read." Then the physician will have positive grounds upon which to prescribe (when necessary) alcoholic stimulus, and accomplish his purpose in a rational manner.

The recent development in grape-culture on the Pacific slope, whose results excel in quality and quantity like products from the Old World, bids fair to make of America a large, if not the largest, wine-producing country on the face of the globe. And it is very satisfactory to learn from Professor Rising, the State's analyst, that the wine sent out from California vineyards is almost always pure. Professor Rising says, —

"I think I can give testimony to the general purity of California wine. As State analyst, I have analyzed a large number of samples, direct from the producers, as they were being marketed, and have found them, almost without exception, pure wines. I am confident that the wines of no other country will at all compare with ours in purity." In our pure native grape-wines there is no fusel-oil or aldehyde ; the alcoholic principle contained therein is the pure ethylic alcohol, the safest and best : whereas the so-called foreign wines are apt to be essenced with corn, and other spirits, which means impregnation with fusel-oil, aldehyde, and various deleterious essences that are objectionable and injurious to the system.

The time has now come in this country, when the guardians of health will be looked to, more than heretofore, for advice in the matter of alcoholic stimulus ; and it will become but a duty

they owe the public and society, to be familiar with the drug-power, and the healthful quality and quantity of alcohol, and insist upon (when necessary to be used) that character of alcoholic stimulus which chemical science pronounces the purest and safest.

Yours sincerely,

IRA B. CUSHING, M.D.

BROOKLINE, MASS., July 9, 1888.

[NOTE. — We agree, in the main, with the position assumed by Dr. Cushing, in the letter above given, as, indeed, we agreed, in the main, with his original communication. We fear the "misunderstanding" rests rather with him than with us. In the editorial comment to which he takes exception, it was not the moral condition of the patient, as viewed from any "temperance" standpoint, for which we expressed solicitude. It was purely and simply the physical wreck which might ensue, not with this patient in especial, but with the delirium-tremens patient in general, from any knowledge on his part that stimulants, pure or impure, were admitted to his use. We must protest, moreover, against Dr. Cushing's present remark, that "the thought of a possible bad moral effect ought not to debar the prescription of a positively known agent to restore a pathological condition to a healthy state." We maintain, on the contrary, that, by the very authority quoted by Dr. Cushing, physicians are bound to restore health to the sick, not only "speedily," but "*safely and permanently*:" a clause which involves an immense amount of fore-looking, in any individual instance, and sets immediate effects quite aside in favor of consequences. — ED. GAZ.]

ACUTE ABSCESS OF THE ABDOMEN.

BY LAMSON ALLEN, M.D., SOUTHBRIDGE, MASS.

[Read before the Worcester-County Homœopathic Medical Society, May, 1888.]

WHEN the physician is called to a case of disease of the abdomen, he is often confronted with a vast number of pathological possibilities. There is pain, perhaps; is it mere colic? There is a swelling; is it an interstitial growth? and, if so, is it benign or malignant? Or is there an abscess?

Of all the multiple affections of the abdomen, we will, for the moment, briefly consider that of abscess.

An abscess of the abdomen may be, as regards duration, either acute or chronic; as regards position, it may be superficial or deep, parietal or sub-parietal; if the latter, it may be extra-peritoneal or intra-peritoneal; as regards character, it may be bland or ichorous. Abscesses of certain localities have, however, received special names, such as the psoas abscess.

We carry in our minds the impression, that an abscess of the abdomen is necessarily chronic, or of quite long duration. It is for the purpose of provoking discussion, and of eliciting the

opinion and experience of the members of this society, and not that there is any thing new or striking about it, that I present the following case:—

I was called Dec. 24, 1887, to John L——, jun. Found the patient sitting up in a chair beside the stove. He complained of soreness and pain in the bowels, and extending down the right leg to the knee. Two weeks previously he had been driving for some weeks an ox-team in the woods, drawing out cord-wood and logs from the lot. The last day of work he did a great deal of heavy lifting, and caught cold. The next day he felt sick, with nausea, great weakness and pain in the right inguinal region. He called a French physician, who prescribed for him. During the two weeks between the time he was first taken sick and the above date, he grew steadily worse; and the French physician would not commit himself as to diagnosis. He was dismissed, and I was called. After seeing the patient, and conversing with him a few moments, I requested him to undress and go to bed. On examining him in bed, there was found an indurated swelling in the right inguinal region, about the size of a small orange; great tenderness to pressure and percussion; no fluctuation; inability to walk any distance, on account of the great pain caused thereby.

My first impression was that there might be a rupture; but it was too high for a direct inguinal, and too low for an umbilical, hernia. Moreover, there was no cough impulse. The bowels had moved quite regularly during the previous two weeks. On further examination, I decided that it was an incipient abscess. The patient's pulse was 120; temperature, 101.5°. There was no headache, and not much appetite. Ordered flaxseed-meal poultice over the induration, to be changed every three hours, and gave *hep. sulph.* 2x. trit., iii. grs. every two hours. Continued the treatment for six days, when the abscess pointed, with improvement by the patient in every respect. On Dec. 30 I aspirated the abscess, and withdrew about two ounces of fetid, ichorous pus. Continued the treatment till Jan. 2, 1888, when I aspirated the second time, and withdrew about three ounces of fetid pus. The needle punctures remained patent; and I dressed it antiseptically, taking away the poultices, and gave *sil.* 30 in place of the *hepar.* 2x. He rapidly recovered, and I continued the *sil.* 30. Dismissed him Jan. 20, 1888, with very little exudation of pus, and almost complete disappearance of the induration. He began work about March 1, 1888, and has continued at his work ever since.

Is an acute abdominal abscess of this kind common within the experience of the physicians present?

I do not know the exact pathological condition present in this

case. From the feeling of the parts, I should say that it was sub-parietal. From the history of the case, and the location of the pain, it was probably the result of an inflammation of the iliac muscle and its fascia. However, let the pathological condition be what it may, the patient made, under homœopathic treatment, and with only two remedies, a complete recovery.

A COMPARISON OF SEMINAL DISCHARGES AND OVULATION.

BY S. A. SYLVESTER, M.D., NEWTON CENTRE, MASS.

[*Read before the Boston Gynecological Club.*]

NATURE provides abundantly for the means of reproduction in the animal and vegetable kingdoms.

Comparatively few of the seeds of any species become germinated.

In the human family the average female, during her menstrual life, matures and discharges an ovum about once in four weeks. Therefore, during the child-bearing period, hundreds of ova are matured and discharged, each one (or almost every one) capable of germinating, and becoming a living being; and yet a dozen is a large number of children for a woman to bear. Each healthy seminal discharge contains hundreds of spermatozoa, each one in itself capable of fertilizing a healthy ovum; and yet only one is necessary to fulfil the purpose of procreation.

Now, if we recognize this provision of nature for a regular discharge of perfect ova in the female, it may help us to understand the subject we are about to discuss; i.e., that involuntary seminal losses occur at varying intervals in the healthy male, and are consistent with health. I would advance the theory, that it is natural, or necessary for the *virility* of the sperm, that the collection in the seminal vessels be occasionally emptied, to make room for newer secretions, as, after a time, the vitality of the spermatozoa is impaired.

Some authors state that such discharges may occur as often as once in two weeks, and not indicate disease.

It is a law of nature, that the seeds for reproduction in the vegetable and animal kingdoms are frequently renewed, matured, and degenerate with age.

Seminal losses depend upon different causes, such as plethora, stimulating diet, and excitement. They become abnormally frequent from masturbation, sensuous fancies, and after any misuse of the sexual system.

I am convinced that a general misunderstanding prevails

among the laity, and also among the profession ; and that the true significance of seminal losses is not generally recognized.

Nearly all patients regard involuntary discharges as an evidence of inherited or acquired disease, usually induced by masturbation or the indulgence of sensual fancies or sexual excesses, and even when the degree of transgression has been so moderate as to be insufficient to account for any material injury. They interpret the lassitude and indisposition that follow such an occurrence, to indicate that health, happiness, and even life itself depend upon avoiding such losses. Hence the recourse to varying remedial measures.

Too often the fearful picture of the danger drawn by the ignorant and unscrupulous advertiser leads them to seek him as possessing the only means of cure, which are, of course, only successful in emptying the purse of the patient into that of the thief, who takes what does not belong to him ; or the patient consults his family physician, who allays his fears somewhat, but not completely, and treats the subject somewhat indifferently, after which the recurrence of loss leads to despair. When prompted by the idea that intercourse is a natural process of cure, and its consequences salutary, he seeks, either by the way of the libertine, or prostitution, to secure sufficiently frequent discharge to avoid involuntary loss. Now follow the results of unnatural and irregular excitement and excess, and most probably venereal disease, to be sometimes communicated to an unfortunate wife. The consequences of all this fall to the physician for treatment. It falls to us, therefore, to seek to eradicate the error, that involuntary discharges of semen are so mischievous in effect as to warrant a recourse to sexual intercourse as the only means of cure.

We find the involuntary, periodic discharges of the female to be attended with lassitude, indisposition, depression of spirits, and often with severe pain.

All recognize the significance of the menstrual discharge in itself, and all the deviations from the normal standard are very minutely classified. These *deviations* alone are the cause of anxiety, and call for medical treatment. So also in the male, it is the *deviations* from a normal seminal discharge alone that should cause anxiety, and be subject to medical treatment.

In order that no unnatural frequency of loss occur, correct influences should obtain from birth, and even before birth.

The sexual government of the parents should be characterized by moderation, that no abnormal tendencies be inherited. The nursing period should be free from especial sexual excitement.

Care must be exercised that the nurse or others do not irri-

tate the infant's genitals. All inclination of the child to handle the private parts should lead to inspection to discover signs of irritation, as abnormal urine, excoriations, eruptions, retained secretions, or phymosis; the latter is exceedingly often a source of disease if neglected.

I have had occasion to circumcise a number of adults who had suffered from childhood unnecessarily. All signs of masturbation should be attended to at once, the consequences explained; and, if the habit is developed, the physician must leave no measure untried to secure mastery over it.

The thoughts should be kept pure ("for out of them are the issues of life"), the body clean and healthy, the associations moral; and we shall have only normal and harmless seminal discharges to deal with in any healthy male.

As the *daughter* is carefully watched, and deviations of the menstrual period receive attention, so also the *son* should be watched, and his sexual experience regulated.

Thus we shall avoid the loss of confidence and self-respect which lessens the power of control, in the young, over the sexual desires.

Nature will prompt the removal and perfection of the vital principle; and this idea should be impressed upon the married as well as upon the single, guarding thus against the error that frequent intercourse is less injurious than to allow an occasional involuntary loss.

If men were aware that less harm followed an occasional nocturnal discharge, than follows very frequent intercourse, they would not only lessen the drain upon their strength, thus promoting their health, happiness, and longevity, but also the wife would be less frequently injured by unwelcome excess, and we as gynecologists would have less hopeless tasks to perform in endeavoring to overcome these consequences of the debility thus induced, as well as those of various measures and devices used to prevent too frequent pregnancies.

If man in his youth and married life would only use his powers of procreation at reasonable intervals, he would transmit a stronger and more perfect type of manhood to future generations. This fact bears a relation of highest importance to us as a nation; and upon it, in no small measure, our very existence as a dominant race depends.

NOTES TO THE ABOVE.

1887. S. W. GROSS: *A Practical Treatise on Impotence, Sterility of the Male Sexual Organs.* p. 131. "Nocturnal Pollutions." Involuntary seminal discharges are natural to all men, and are common after puberty; frequency varies with age, climate, habits, constitution, temperament, diet, and predisposition.

In general, I should say, that in single men who lead a continent life, and possess a sound nervous system, emissions at intervals of two weeks are indicative of excellent health, and are signs of fulness of seminal passages.

Hence persons who consult the physician in regard to involuntary discharges should be informed that they are natural.

WILLIAM ACTON: chap. i., p. 47. *Functions and Disorders of the Reproductive Organs.* The occasional occurrence of nocturnal emissions is quite compatible with health, and indeed is to be expected as a result of continence. It is in this way that nature relieves herself.

WILDER: p. 149. *The Reproductive Functions in Man.* I cannot believe that any man of ordinary vigor, living a life of abstinence, will be free from nocturnal annoyance.

ROBERTS BARTHOLOW: p. 71. *Spermatorrhœa.* Involuntary seminal losses, to constitute a disease, should occur with sufficient frequency to produce definite symptoms.

HELMUTH: p. 1014. *System of Surgery.* It is a mistake to suppose, because a person in all the vigor of manhood has an occasional nocturnal emission, that disease exists; it is a question whether certain emissions of semen without copulation are not necessary to the preservation of virility.

1887. HAMMOND: p. 136. *Sexual Impotence in the Male and Female.* It is rarely the case that nocturnal emissions are productive of any serious disturbances of the health of the reproductive organs.

On the contrary, it is in the great majority of cases a perfectly normal phenomenon, and one more calculated to do good than harm to the system.

In young men of entirely chaste habits, it generally happens, that, soon after the supervention of puberty, nocturnal emissions begin to occur.

As long as they are not more frequent than once in a fortnight, they are strictly within the limits of health, at least the health of civilized man. They show, that, in the course of the development of the reproductive system, semen is being secreted, and that, when the vesiculæ seminales become full, nature steps in, and in her own way empties them.

THE RADICAL TREATMENT OF UTERINE DISPLACEMENTS BY VENTRAL FIXATION.

BY G. R. SOUTHWICK, M.D., BOSTON, MASS.

[Read before the Massachusetts Surgical and Gynecological Society.]

By the above title we mean the fixation of the uterus to the abdominal wall, so that further dislocation of that organ is impossible. The operation may or may not be combined with castration. It is particularly adapted to posterior and downward displacements, which cannot be successfully treated by other and simpler measures, and is performed by three chief methods, or some modification of them.

1. Fastening the stump formed by remains of the Fallopian tube, broad ligament, and ala vesperitilonis after castration, to

the abdominal wall, or in the lower edge of the wound (Koeberlé, Hennig, Kelley, Olshausen, Sänger, and others).

2. Castration may or may not be performed, the fundus uteri being sutured directly to the abdominal wall (Tait, Czerny, P. Müller, Leopold, Caneva¹).

3. Pure ventral fixation, by suturing the round and broad ligaments close to the uterus to the abdominal wall, by one or more hardened catgut sutures (Olshausen and Sänger's methods).

This is a general *résumé* of the methods employed to accomplish ventral fixation of the uterus. Koeberlé has the credit of first originating and performing the operation in 1877. P. Müller treated two cases successfully in 1878; Tait, two more in 1880; and Hennig, one in 1881. B. S. Schultze,² in his excellent work on uterine displacements, states, that when laparotomy becomes necessary to break up extensive adhesions in posterior displacements of the uterus, uniting the fundus uteri to the anterior abdominal wall is worthy of serious consideration. This was as long ago as 1881. Schroeder³ alluded to the operation as performed by Müller,⁴ in the fifth edition of his book, which appeared at that time.

A new and important operation had been conceived and performed; but, as so often happens, very little attention was paid to it at the time, nor till Olshausen's essay on the subject was read and discussed before the gynecological section of the *Naturforscherversammlung* at Berlin.⁵ If castration is performed, he recommended stitching the stumps to the abdominal wall at one side of the wound. If castration is not performed, he attached some importance to taking the sutures deep in the abdominal muscle, and through the cornua uteri at the insertion of the round ligaments. He believed that in operating in this way on both sides, the uterus was better fixed, and had more freedom, than when the fundus was fastened to the abdominal wall.

In American literature but little has been written, as yet. Dr. Kelley of Philadelphia reported a case in 1887,⁶ soon after Olshausen's essay appeared, but without a knowledge of the latter. The same month that Dr. Kelley's article appeared, Dr. Helmuth performed the operation with great relief to the patient.⁷

¹ He proposed to do this without opening the abdominal cavity. See Doran, *Handbook of Gynecological Operations*, p. 413. 1887.

² *Pathol. u. Therap. d. Lagerveränderung der Gebärmutter*, p. 76. 1881.

³ *Krankheiten der weibl. Geschlechtsorgane*, p. 200. 1881.

⁴ *Corresp. Bl. für Schweizer Aerzte*, No. 13. 1887.

⁵ See *Centralblatt für Gynäkologie*, No. 43. 1885.

⁶ *Hysterorrhaphy*. *American Journal of Obstetrics*, Jan. 1, 1887.

⁷ *Homœopathic Journal of Obstetrics*, p. 221. May, 1887.

Recently much attention to the operation has been given in the German periodicals; and two excellent articles have been written by Drs. Sanger¹ and Leopold,² with the reports of many successful cases. The former adheres closely to Olshausen's method, using three silkworm sutures on each side of the uterus, which are passed through the insertion of the round ligament, the anterior fold of the broad ligament, and deep into the recti muscles at the sides of the wound. Leopold performs the operation in a simpler manner, and the reports of his cases appear to be equally good. He passes three silk sutures through the abdominal wall at the edges of the wound, and underneath the peritoneal coat of the fundus uteri, which is thus brought forward and fastened to the abdominal wall near the lower angle of the incision. Adhesions soon form, and the uterus is fastened in an approximately normal position. If castration has been performed, the uterus soon atrophies. Sanger reports a very interesting case bearing on this point. Among other symptoms, a patient of his suffered from very profuse and intractable flowing. He performed castration without any relief. The hemorrhage continued, and the uterus did not atrophy: it remained in retroversion as before the operation. Sanger therefore decided to perform ventral fixation, which was at once followed by cessation of the flowing, and involution of the uterus.

Another important question demands consideration here. Suppose we perform this operation successfully without removing the ovaries, and the patient becomes pregnant, what will be the result? I am not aware that such a case has been reported, and, in view of this, we must theorize. Judging by analogy, I am inclined to believe that the adhesion would gradually stretch out or separate, as is often the case with small adhesions of the uterus to the pelvis, or that one portion of the uterus would develop upward, as has been observed in retroversion of the gravid uterus.

The great question we must face is, whether a uterine displacement which is not amenable to other methods of treatment, justifies us in opening the abdominal cavity. In close connection with this, as an estimate of probable risk to the patient, is the mortality of the exploratory incision into the abdominal cavity. This, however, affords an exaggerated estimate of probable risk, as an exploratory incision is usually made for purposes of diagnosis, with a view to performing some operation, which is not done if the conditions are unfavorable: obviously, the statistics of the exploratory incision are almost

¹ Centralblatt fur Gynakologie, Nos. 2 and 3. 1888.

² Centralblatt fur Gynakologie, No. 11. 1888.

entirely based on a very bad class of cases, and the mortality is necessarily greater than for exploratory incisions made on favorable cases. Notwithstanding this condition, the rate of mortality for exploratory incisions, as performed by various operators, is very low; and, in the case under consideration, Olshausen has well pointed out that it is possible to make the operation strictly aseptic. Schroeder¹ states that the chances for recovery after an exploratory incision are as good as after paracentesis. In estimating the mortality of the exploratory incision, it deserves comparison with the statistics of ovariectomy, as in the latter operation there are, in addition to the incision, the effects of shock, more extensive surgical interference, greater manipulation of the intestines and peritoneum, besides increased danger from hemorrhage and septic infection. Yet, in spite of all this, Thornton estimates his mortality at only two per cent. Tait has performed a series of one hundred and thirty-nine consecutive laparotomies without a death, and Keith records a series of eighty cases. In all the reports of ventral fixation performed in the last ten years, which I have been able to find, no deaths have been recorded.

It is not to be inferred that the exploratory incision is either a simple or a trivial operation. It is one which demands serious consideration before resorting to it, but, with requisite care and skill, the mortality should be almost *nil*.

Another question for us to consider in performing this operation is, whether we are justified in taking any risk for the cure of a displacement of the uterus. This is very similar to a previous remark; and, before this is answered, we must consider its relation to other operations having a low rate of mortality. It is considered good surgery to perform castration when the ovaries are diseased, and the patient suffers severely, mentally or physically, when other treatment fails to relieve, though the disease itself may not place the patient's life in danger. How many amputations, nerve-stretchings, or resections are performed, not because the patient's life is in danger, but to relieve the suffering, or to rescue one from a bed-ridden existence.

Surgical operations involving a much higher rate of mortality are often performed, not so much with a view of actually curing the patient, as for relief, and a possible extra lease of life. As an example of this, we may refer to the mortality of amputation of the cancerous breast, which amounted to 15.6 per cent in seven hundred and seventy-eight cases reported by Küster. If these instances, or the removal of non-malignant growths, are an estimate of how much risk we are justified in taking, in order to restore a sufferer to a useful life, and relieve her from pain,

¹ Krankheiten der weibl. Geschlechtsorgane, p. 394. 1881.

though her life may not be in immediate danger, then ventral fixation of the uterus surely ought to be a justifiable operation.

The value of any method of treatment, medical or surgical, is largely judged by the results obtained in a large majority of cases, and is not to be condemned by an exceptional minority. Were it not so, where would we find the brilliant results of modern surgery? Ovariectomy would be unknown, as well as many important gynecological operations, and the modern treatment of uterine carcinoma would not have been conceived. If ninety-nine women can be relieved from suffering, and their lives prolonged in consequence, are we to refuse aid to them because we fear one may not recover?

The physician's practice is a struggle,—a fight with disease and death. Like the general of an army, he will ever be careful and conservative of the forces and power intrusted to him; but, in the constant battle waged around, he must look to the welfare of the many, rather than the very few. I am convinced, that, so far as our present knowledge goes, the operation of ventral fixation is fully warranted when the patient suffers severely, or is crippled by a uterine displacement which cannot be cured by simpler measures.

The real test, after all that can be said, in medicine or surgery, is the clinical result; so I hope you will pardon further trespass on your time, if I report to you briefly some cases in which ventral fixation has been performed.

Mrs. —, thirty-three years old; married eight years previously; has had three normal labors; since her seventeenth year, has menstruated profusely for four or five days once in four weeks.¹

She has suffered for five years from continuous pain in the sacral and hypogastric region, which must be due to retroflexion of the uterus and perimetritis. The pain is relieved temporarily by a pessary; but the latter invariably causes a recurrence of pelvic inflammation, and she has been compelled to take her bed recently fifteen times on this account. Consequently she could no longer endure a pessary. Every attempt caused unbearable pain, and the uterus was bent so sharply posteriorly, that the fundus lay deep between the cervix and the rectum.

Ventral fixation was performed by Leopold's method, without removing the tubes or ovaries. The patient made an excellent recovery in every way, with complete relief from all her suffering, and she was once more able to perform all her domestic duties.

An examination made fifteen months later showed that the uterus was erect, with the fundus firmly attached to the abdominal wall, but painless, and quite movable. It did not interfere

¹ Centralblatt für Gynäkologie, p. 162, No. 11. 1888.

with the bladder, or other organs, and menstruation was perfectly normal. None of the complaints caused by the retroflexion had returned.

Mrs. —, forty-six years old ; widow for two years ; had been married twenty years previous, and given birth twice in normal labor. The patient had complained for a long time of continuous and severe sacral pains, which incapacitated her for work.

The uterus was of a normal size, retroflected and movable. The left parametrium was very sensitive. All attempts to retain the uterus in a normal position failed.

In an examination under ether, the uterus could be raised to the abdominal wall by the sound. In doing so, false membranes between the uterus and rectum were put on the stretch, and could be easily felt from the rectum. When the uterus was drawn downward with the bullet forceps, the right utero-sacral ligament was felt thickened, per rectum, the right ovary the size of a plum, somewhat movable, and the left adnexa matted down in the immediate vicinity, and not to be distinctly distinguished from each other.

Ventral fixation was decided upon. After opening the abdominal cavity, the left tube was found enlarged to the size of the finger, and its outer extremity closed. The adhesions were carefully separated by the fingers, and the tube with the ovary was removed. The right tube and ovary appeared macroscopically normal, and were left behind. The uterus was then freed from its adhesions to the rectum, and fastened to the anterior abdominal wall. The patient made a good recovery, and began to sit up on the fourteenth day after the operation. But from this time on she complained of the sacral pain, from which she had been free after the operation.

Seven months later, an examination showed that the uterus was well fixed anteriorly, and the pelvic organs free from sensitiveness. The general condition of the patient had improved very much, and she was able to attend to her housework. The sacral pain was better, but still present.

This case is an instructive one, as it shows that merely anteverting the uterus does not necessarily relieve all the suffering. The history of pelvic inflammation probably explains the persistent pain. The same thing has been observed after castration ; and Hegar has directed our attention to the presence of small nodules of inflammatory exudation, which will escape detection on examination, and yet press on nerve-trunks or filaments in such a manner as to cause severe pain. Such nodules or exudations will, of course, persist after a laparotomy, and then the pain will continue.

I wish to report another case of ventral fixation which pre-

sents some points of interest. Miss —, æt. thirty-four, was referred to me by the courtesy of Dr. Conant. She had a severe fall at the age of fifteen. The uterus was retroverted, and replaced occasionally, by some physician unknown to me, without using any support to that organ. She has been sick ever since. Her chief symptoms during the time she has been under my care are profuse menstruation every three weeks, with extreme dysmenorrhœa and violent congestive headache. Her mind is somewhat affected at these times. She easily forgets what has taken place, and is much bewildered, and sometimes hysterical. She is able to walk but a short distance, and has continuous pelvic pain, especially on the right side.

On examination, the uterus was found sharply retroflected, and there were two exquisitely sensitive bodies the size of plums, low down in the cul-de-sac of Douglas. These were the ovaries, the right being larger than the left. Any attempt to replace the uterus, or introduce the sound, caused intense suffering, and spasms of an hysterical character. No kind of pessary or ordinary tampon in the vagina could be endured.

A year of careful local and medicinal treatment was spent in the vain hope of allaying the sensitiveness of the ovaries and uterus.

Castration and ventral fixation of the uterus, if practicable, was the only resource left. Accordingly I performed laparotomy, the abdominal incision being two and a half inches long, separated the uterus, tubes, and ovaries from their adhesions posteriorly, stitched the uterus to the anterior abdominal wall, and removed the tubes and ovaries. The right ovary was much enlarged, and showed some small cysts of varying size in its substance.

The patient was a little chilled in her bath the day of the operation, and had a sharp attack of neuralgia that night, with slight increase of temperature. This soon subsided, and since the second day the pulse and temperature have been nearly normal. The dressing was removed on the twelfth day. The wound had healed, apparently by primary adhesion, was perfectly dry, and the cotton showed no stain whatever, except a little blood absorbed when first applied. Silk was used for the pedicles, and catgut for the abdominal walls in three continuous sutures corresponding to the peritoneum, muscles and their fascia, and the skin.

The patient's condition has much improved in every way, mentally and physically. She is eating more, and gaining flesh. The uterus is well fixed anteriorly; the stumps are still sensitive, and the uterus tender, but this is growing better, as well as some pain she has had after urination. Her old pains are

disappearing; and, after senile involution of the uterus is completed, there is reason to believe she will be restored to usefulness, and as good a degree of health as her shattered constitution will allow.

So far as I know, this is the first operation of ventral fixation of the uterus performed at our hospital, or in this city. The writer has made a careful study of reported cases as performed by various methods and different operators. While the operation is necessarily limited to a certain extent, and even then will meet with opposition, I feel confident it is comparatively safe, and might be made the means of relieving many suffering women, and making life yet worth the living to those who have abandoned hope.

A CASE OF LOCKED TWINS.

BY S. H. BLODGETT, M.D., CAMBRIDGE.

[Read before the Massachusetts Homœopathic Medical Society.]

LAST November I was called to see a woman who, her husband said, was having spasms. I found the patient a large, fleshy, muscular woman, primipara, aged about twenty-five, seven and one-half months pregnant.

From her husband I got the following history: After the first two months of pregnancy her appetite had been very capricious, and she had been troubled almost constantly and at all times of the day with nausea, and, more rarely, with vomiting. Her urine had been less in amount, and for the last month or so she had had a dull pain over the left half of the head, sometimes lasting for several days at a time.

The day before I was called, she had eaten for supper some fried clams. The first symptom noticed was, that when she got up at eleven o'clock the next morning, she had fallen into a chair, and was powerless to help herself. There were spasmodic twitchings of the muscles of the hands and face. She was unable to speak, and was thought to be unconscious. Her face was flushed, carotids beating, pulse 120, full, and no urine had been passed for eight hours. I gave belladonna every ten minutes, and in half an hour she was able to speak and to pass some urine, which on examination I found to contain only a large trace of albumen. The belladonna was continued at longer intervals for a day, and her diet carefully regulated.

One month later I was called, and found the patient suffering from a similar, but not so severe, attack. Her face, arms, and ankles were swollen, the face especially being very badly swollen indeed, and the eyes nearly closed. This had been coming on

gradually during the last three weeks. The urine was diminished, and with acetic acid and heat it solidified. The nausea and hemicrania had continued about the same. I pursued the same treatment as before, and arrived at the same result. The next day I gave her arsenic twice a day for one week.

Two weeks after this I saw the patient again. The swelling of the face, arms, and legs had almost wholly disappeared. The nausea and hemicrania continued, but were much better.

Jan. 18, two weeks after labor was due, I was called, and found the patient had been in labor for twelve hours, with the pains increasing in force and frequency until they came at the rate of five in fifteen minutes. The os was soft and dilated to the size of a half-dollar, head presenting, and the anterior fontanelle easily felt up under the pubis, O.R.P. The bones surrounding the fontanelle overlapped each other. No heart sounds, and no movement had been felt for one week. In two hours the waters broke and dribbled away slowly. At my next examination I found the os nearly dilated, but between the head and the pubis there was a very small soft bunch to be felt. While making the examination, a pain came, and the bunch became in a second a foot, and then a leg. In a few seconds another pain came, and during it the other leg and then the breech were born. I then pulled down the cord, which I found to be pulseless, and before the next pain I helped the arms down. As no progress was made by the next few pains, I, after trying gentle traction (in the direction of the curve of Carus), and irritation over the fundus of the uterus, and getting no result, made an examination, and found the head that was first presenting still presenting, and the neck and upper part of the chest of the child that was partly born was between this head and the pubis.

I made a diagnosis of twins with locked heads, and sent for Dr. Walter Wesselhoeft. I began to put the woman under ether, so as to be ready to apply forceps to the head of No. 1. Dr. Wesselhoeft came, and, after a thorough examination, confirmed my diagnosis; and, as no progress was being made, we applied forceps to the head of No. 1, and in five minutes the child was in the world. Immediately the body and head of No. 2 were born. There was no hemorrhage, no rupture, the placenta came away, the uterus contracted, and the woman did well. The children were both still-born, having been dead at least a week.

The next day, the patient complaining of soreness and tenderness over the uterus, she was given arnica, and on the third day the temperature was normal, the pulse 100, and the soreness in the uterine region nearly gone. Her breasts were feeling full. The next day I found the breasts very painful, beating and throbbing. They were hard and caked about the edges. The

breasts were supported, and she had belladonna. The next day the breasts were worse, the pain having kept her awake nearly all the preceding night. They were able this day to find a five-weeks-old puppy which they took from its mother, and allowed to nurse every four hours for two days, at the end of which time the breasts had become soft, and the pain and soreness had entirely disappeared. The puppy was from this time on gradually weaned, until in six days its supply of breast-milk was stopped.

On the tenth day, the patient being able to sit up, and doing well in every way, I made my last visit.

On the eighteenth day after labor, I was called again. The patient had on the previous day, with the thermometer below zero, sat in the bay-window until her hands and feet were very cold. She went to bed, and had a severe chill, followed during the night by fever, great thirst, diminution in the amount of urine, prostration, feeling of weakness, beating pain in the back, pain over the uterus much worse on pressure or motion, dry skin and flushed cheeks, pulse 152, temperature 103.4, and the lochia suppressed. She had belladonna. The next day I found her better. The pain in the back was gone, the pain in the uterine region was better, thirst less, and she had slept fairly well; pulse 121; temperature 100.2. Urine increased, and a slight flow from the vagina. The next day she was apparently well, sitting up in bed, pulse 104, temperature 99. This morning she complained of a slight pain on the inside of the left thigh, which I did not consider of any importance. The next morning the pain in the thigh was worse, having steadily increased. The pain had gone down the inside of the leg and down the under side of the calf almost to the ankle. She said that her thigh was swollen, and I was surprised to find that it measured two inches more than its fellow. The enlarged thigh was paler than its fellow, and the pain was aggravated very much by pressure over the long saphenous vein. She had not slept during the preceding night, very thirsty and "feverish;" pulse 150; temperature 103.3. Pulsatilla. The next morning's report was, that she had slept most of the preceding night, pain less, scarcely any below knee. The thigh was only one and a quarter inches larger than its fellow; pulse 126, temperature 100.6. In two days she was sitting up again; pain gone; appetite good; thigh a quarter inch larger than fellow; pulse 100; temperature 98.8. Since then, I have heard nothing from her.

One hundred seemed to be her normal pulse rate, as it never went below that number at any time while I was attending her. I carefully examined her heart before labor, and again on the tenth day after, and found it normal, except for its increased number of beats.

GLEANINGS AND TRANSLATIONS.

AN OLD STATUTE: HOW DOCTORS WERE LICENSED. — The following statute, entitled "An act for the appointing of physicians and surgeons," is the earliest statute relating to the medical profession. It was passed in the year 1511 (third year of the reign of King Henry VIII.), which makes it three hundred and seventy-seven years old.

It is taken from "The Statutes at Large," from Magna Charta to the thirtieth year of King George II. (in the possession of Dr. Thomas Nichol, of this city), in six volumes, by the late John Cay, Esquire, edited by his son Henry Boulton Cay, Esquire, and dedicated "To the Right Honorable William, Lord Mansfield," Lord Chief Justice of England, etc.

Printed by Thomas and Robert Baskett, printers to the King's Most Excellent Majesty, and Henry Lintot, law printer to the King's Most Excellent Majesty (London, MDCCLVIII.).

An Act for the Appointing of Physicians and Surgeons.

Henry viii., A.D. 1511.

To the King our Sovereign Lord, and to all the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled.

"Forasmuch as the science and cunning of Physick and Surgery (to the perfect knowledge whereof be requisite both great learning and ripe experience) is daily within this realm exercised by a great multitude of ignorant persons, of whom the greater part have no manner of insight in the same, nor in any other kind of learning ; (2) some also can no letters on the book, so far forth, that common artificers, as smiths, weavers and women, boldly and accustomedly take upon them great cures, and things of great difficulty, in the which they partly use sorcery and witchcraft, partly apply such medicines unto the disease as be very noxious, and nothing meet, therefore, to the high displeasure of God, great infamy to the faculty and the grievous hurt, damage and destruction of many of the King's liege people, most especially of them that cannot discern the uncunning from the cunning.

"(3) Be it therefore (to the surety and comfort of all manner people) by the authority of this present Parliament enacted, that no person within the city of London, nor within seven miles of the same, take upon him to exercise and occupy as a physician or surgeon, except he be first examined, approved and admitted by the Bishop of London, or by the Dean of Paul's for the time being, calling to him or them four doctors of

physick, and for surgery other expert persons in that faculty, and for the first examination such as they shall think convenient, and afterward alway four of them that have been so approved.

"(4) Upon the pain of forfeiture for every month that they do occupy as physicians or surgeons, not admitted nor examined, after the tenor of this Act of v., li., to be employed the one-half thereof to the use of our Sovereign Lord the King, and the other half thereof to any person that will sue for it by action of debt, in which no wager of law nor protection shall be allowed.

"II. And over this, that no person out of the said city, and precinct of seven miles of the same, except he have been (as is aforesaid) approved in the same, take upon to exercise and occupy as a physician or surgeon, in any diocese within this realm, but if he be first examined and approved by the bishop of the same diocese, or, he being out of the diocese, by his vicar-general; either of them calling to them such expert persons in the said faculties as their discretion shall think convenient, and giving their letters testimonials under their seal to him that they shall so approve, upon like pain to them that occupy the contrary to this act (as is above said) to be levied and imployed after the form before expressed.

"III. Provided; alway, that this Act, nor any thing therein contained, be prejudicial to the universities of Oxford or Cambridge, or either of them, or to any privileges granted to them.

"Memorand. — That Surgeons be comprised in this act like as physicians, for like mischief of ignorant persons presuming to exercise surgery."

The above is a literal copy of this curious and interesting statute. The reader will notice one curious thing, and that is "the Dean of Paul's," instead of the "Dean of St. Paul's." — W. G. NICHOL, M.D., in *Montreal Herald*.

FURROWS IN THE FINGER-NAILS. — Dr. J. W. Bovee of Washington, D.C., writes: "I have been considerably interested in the condition mentioned in a recent number of 'The Medical Record' as furrows on the finger-nails. I do not think they have received attention, except casual mention by a few dermatologists. I have seen this condition many times after an attack of some acute disease. In a case of diphtheria that was quite severe, the transverse grooves were very distinct on both finger-nails and toe-nails; and, in a case of acute articular rheumatism, the transverse grooves continued to be formed for nearly a year subsequent to recovery from the attack of rheumatism. This appearance of the finger-nails I have noticed in twenty different children, shortly after recovery from rotheln;

and in a few of these, probably about five, I noticed the grooves in the toe-nails, and was assured by the parents that in that location, also, the grooves appeared only after the child was well. In the spring of 1885 I had a severe attack of intermittent fever, closely followed by German measles, and I had a good opportunity of watching the progress of these grooves from the matrices to the free ends of my finger-nails. Again, after quite a severe attack of sciatica, last January, I noticed these transverse furrows in my finger-nails, some of which still linger near the free extremities." — *Medical Record*.

ANECDOTE OF DARWIN'S FATHER. — The father of the great naturalist was a physician, of whom the following story is related in his life, written by his son: "When a very young man, he was called to consult with the family physician in the case of a gentleman of much distinction in Shropshire. The old doctor told the wife that the illness was of such a nature that it must end fatally. Dr. Darwin took a different view, and maintained that the gentleman would recover. He died, nevertheless. An autopsy proved the young doctor quite wrong in all respects, and he acknowledged his error. Naturally, he never expected to be consulted again by this family; but a few months later the widow sent for him, having dismissed the old family doctor. Greatly surprised, he asked a friend of the widow to find out how he had come to be consulted. The widow answered the friend, that she would never again see the odious old doctor, who said from the first that her husband would die, while Dr. Darwin always maintained that he would recover." — *Medical Record*.

TAR-WATER IN HEMORRHAGE. — Dr. Corneille de Saint Marc finds that distilled tar-water has a hæmostatic effect very similar to that of hamamelis. When prepared with the tar of pine wood, it has valuable tonic astringent properties. It may be administered in quantities of from ten to fifteen drachms, during the twenty-four hours, in congestive pulmonary hemorrhage, and in hemorrhage of the uterus and kidney. It arrests the hemorrhage of the first two stages of phthisis with remarkable promptitude. — *Lancet; Medical News*.

A HANDY CURE FOR HICCOUGH. — There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now Dr. Dresch of Foix, in France, has written a letter to the editor of the "Bulletin Général de Thérapeutique," in

which he describes another method, almost as simple, also relating to the ear. Dr. Dresch states that the procedure was not original with him, but that he cannot remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate. — *New-York Medical Journal.*

SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

ON Monday evening, June 25, the American Institute of Homœopathy convened at the Orpheus Theatre, connected with the International Hotel, in its forty-first session, this being its forty-fifth anniversary. As usual, a goodly number, including representatives from all parts of the United States, assembled to join in the preliminary exercises. The familiar faces of several seniors and ex-presidents — men famous in the history of homœopathy, and of the Institute — were recognized upon the platform, their presence auguring a brilliant and successful meeting. Thus inspiringly supported, and with an expectant and appreciative audience waiting his remarks, the officiating president, A. C. Cowperthwaite, M.D., delivered his address, frequently eliciting unequivocal signs of sympathy and approval.

After a brief introduction, and an appropriate tribute to the memory of those who had died during the year, the speaker referred to the evidences of progress recently made in different branches of science, — astronomy, geology, chemistry, biology, psychology, etc., — and continued as follows: —

“Without stopping here to note the directions in which science has made its most wonderful advancements, and which are too familiar to the educated mind to require repetition, I will only ask, has the science of medicine, so called, kept pace with the progress of the times? Perhaps this question can be no better answered than by glancing at the doings of the International Medical Congress, — the most noted event in the medical history of the year. There were gathered together the greatest minds of the great medical profession, which has assumed for itself the title of ‘regular,’ notwithstanding its notoriously irregular methods and practices, and which with pompous pride traces its pedigree back to Hippocrates, — a pedigree as unique and canonical as the apostolic succession of the Church of Rome. To such a gathering, which included distinguished representatives from nearly every civilized nation of the globe, may we fairly look for these evidences of progress which would indicate that the science of medicine is keeping pace with those sciences which are, in a measure, auxiliary to it.

"As we diligently search the record of proceedings of this remarkable body, we fail to find that which we seek. True, the evidences of progress in the domain of biology, physiology, pathology, and etiology are abundant, which, together with surgery and obstetrics, seem to be obtaining a much greater degree of perfection. But these do not constitute the science of medicine. They may form the foundation, as it is claimed, but, even so, without the superstructure their building is in vain. Yet even this is not the case, for these sciences cannot constitute the science of medicine, unless built upon the broad and solid foundation of an unchanging and imperishable *materia medica* and therapeutics. They are only to be likened to the house built upon the sand, which fell when the wind and waves beat against it,—not because the house itself was not secure, but because it was built upon a false and ever-shifting foundation.

"The records of the International Medical Congress are filled with the results of more or less valuable experiments and discoveries in the realms of the various sciences auxiliary to medicine; whereas medicine itself, that is, *materia medica* and therapeutics, fills but a small niche in its literature. Thus it was a century ago when Hahnemann first began to be dissatisfied with the then dominant therapeutics. As one of his followers said, 'The progress in this direction was nothing but a simple to-and-fro motion. The auxiliary sciences—*anatomy, physiology, chemistry, etc.*—made actual progress until they finally took rank as real sciences, leaving therapeutics and its attendant *materia medica* behind in the dark to scabble on as best they might.'

"A century has not added wisdom to the dominant school of medicine, and the words written three-fourths of a century ago may be repeated with equal truthfulness to-day. *Materia medica* and therapeutics, the real essentials of medical science, are struggling along in the rear, vainly endeavoring to keep within sight of that which they should precede. The proceedings of the International Medical Congress show beyond contradiction that these men are still pursuing an ever-distant *ignis fatuus*, as did their fathers a century, yes, many centuries, ago. They are searching for the nature and cause of disease, with the supposition that, this once found, they may build upon it a system of therapeutics with fixed and immutable laws. How futile this search has been in the past, history teaches; how much may be expected from it in the future, can only be judged by the history of the past.

"The International Medical Congress practically accepted the theory of the bacterial origin of disease without opposition. That is the popular theory of to-day, but what will it be to-morrow? Alas! none can tell; but it may not be dangerous for me to predict in a gathering of the supposed followers of Hahnemann, that, long before our old-school friends shall have formulated and adopted a successful system of therapeutics based upon this now popular theory, the theory itself will have been greatly modified, and given the comparatively unimportant place in disease etiology which time will have shown that it deserves.

"From the evidences before us we are forced to conclude, that, however great is the progress being made by the dominant school of medicine in the auxiliary sciences, its therapeutics is still straggling along in the dark, guided only by the occasional gleams of light that pierce its solitude as they are reflected from the uprising sun of the law, *similia similibus curantur*, which is fast reaching its zenith, and must sooner or later shed its benignant rays upon even the darkest and most hidden spot in old-school medicine."

After a review of the relations existing between the germ theory and homœopathic therapeutics, and a reference to the increasing confidence in *vis medicatrix naturæ*, and decrease of

confidence in drug power, exhibited by many prominent authorities in the old school, statistics were given, showing the ratio of mortality and duration of disease between the allopathic, expectant, and homœopathic methods of treatment, and showing that more patients recover under no treatment at all than under allopathic; the methods of the latter being worse than useless, — actually increasing mortality.

A stirring appeal was then made to members of the Institute, to continue working in those fields so peculiarly distinctive of homœopathy, clinical medicine, and materia medica, as it is upon the development and perfection of the latter that public health so largely depends.

The "progress of homœopathy" was the next topic discussed, and the now celebrated controversy carried on through the columns of the "London Times," during the early part of the present year, was referred to as an episode from which only good had come to homœopathy. Quotations from the "Times" summary of the discussion at its conclusion were made, and their justice commended. Another brief reference to statistics gave evidence of the growth and progress of homœopathy in our own country.

The key-note of the whole meeting was struck when President Cowperthwaite, in continuing his address, voiced the sentiments of his auditors — as he evidently did — in regard to medical education. He said, —

"The question of advancing the standard of medical education in this country has for several years attracted the attention of the profession, though but little has been accomplished, further than in inaugurating a healthy sentiment upon the subject. The great need of reform in this direction is too apparent to require argument. The low standard of requirements for the degree of Doctor of Medicine, tolerated in this country, is a disgrace to the people, as well as to the profession. If the necessities of a new country ever demanded such a farcical system of medical education, such a condition of things certainly does not exist at the present time, and never will again. The physician of to-day knows full well how impossible it is to acquire any thing more than the merest smattering of a medical education, in the short time required by most medical colleges. It is a duty, therefore, that we owe to ourselves as well as to the country, to use all our efforts to advance the standard of medical education, and thus make the diplomas of an American college equal to those of any other country in the world. This matter cannot be left altogether with the college faculties. While some of these are decidedly in favor of such a reform, and are already doing all in their power to bring it about, others are more interested in securing large classes; and it is through this influence, and in order that other and smaller colleges may compete from this standpoint, requirements are continually kept at the minimum. Already, a great deal of time has been practically wasted in discussing this subject: the time has now come for prompt and decisive action. The American Medical Association has already acted, and the American Institute of Homœopathy cannot afford to be behind in the good work. I would, therefore, urgently recommend that at this session a resolution be

adopted, setting forth that on and after the year 1890 the American Institute of Homœopathy will not recognize the diplomas of any college requiring for graduation less than an attendance upon three courses of lectures of at least six months each. And I would further recommend, that the inter-collegiate committee of the Institute be requested to hold a special meeting at such a time and place as they may agree upon, not in connection with the meetings of the Institute, at which time they shall formulate and adopt some general and uniform system of medical education more comprehensive and rigid in its character than that now existing, including the following minimum requirements:—

“1. A good preliminary education, including some knowledge of the classics;

“2. A four years' course of study;

“3. Attendance upon three full courses of lectures, of at least six months each.

“The said committee to report their action to the Institute at its annual meeting in 1889; and after such report has been adopted by the Institute, any college that refuses to adopt the same, or, having agreed to adopt it, fails to uniformly adhere to its requirements, to be excluded from the Institute, its diplomas not recognized, and no representation allowed in the inter-collegiate committee.”

An appeal was made on behalf of the secular and medical press, the Institute being urged to extend to the members of the press every courtesy and facility possible. The speaker recommended that the law prohibiting the publishing of papers and discussions before they appear in the “Transactions” be abolished, and favored the election of an officer whose duty it should be to furnish the Associated Press with correct reports of the meeting, and secure the publication of the same.

A suggestion was made that the phraseology of the by-laws, restricting the President's address within certain limitations, be so amended that these seeming restrictions may no longer exist.

The address closed with a peroration in which was predicted the final victory of the homœopathic law of cure, and its adoption by all schools of medicine.

Following the appointment of a committee to consider the suggestions contained in the President's address, Treasurer Kellogg made his report, showing a balance of \$550.29 on hand. The report was referred to the Auditing Committee. The report of the Executive Committee was read and adopted. The report of the Publication Committee was read and referred. Dr. Henry D. Paine of New York reported that there had been seventeen deaths among members during the past year. Dr. Paine was appointed necrologist for the coming year. Dr. Smith of New York read a report of the Bureau of Organization, Registration, and Statistics. Dr. Smith was appointed chairman of the bureau for the succeeding year.

SECOND DAY.

The principal feature of the MORNING SESSION was the report of the Committee of Pharmacy, which was presented by the chairman, Dr. Lewis Sherman of Milwaukee.

He first introduced Dr. Conrad Wesselhoeft, who reviewed the work done during the past three years, and presented a tabulated summary of provings of *mercurius solubilis* in various potencies, made under his superintendence. In these provings the principle of control or counter-test, so strongly insisted upon by Dr. Wesselhoeft, was used, with the effect of demonstrating that the proving of drugs is not as simple a matter as is usually supposed. *Saccharum lactis* was used as a control-test, and the "symptoms" reported as produced by it were so similar to those produced by the drug, that it would be impossible to differentiate them. Therefore, according to this principle of testing drugs, incongruous symptoms must be excluded, as unreliable, from future provings. The speaker presented an outline of his views concerning the most reliable methods of drug-proving, views drawn from extensive experience and careful original investigations.

Dr. Sherman then proceeded to read his paper, which detailed, chiefly, a set of experiments instituted for the purpose of demonstrating why prolonged trituration causes the triturate to become dark in color. A variety of experiments had been devised by the speaker, from which he was able to conclude that the darkening was produced by partial combustion, by "a charring" of the milk-sugar by sparks resulting from the friction between mortar and pestle, since the use of large quantities of sugar and limited pressure from the pestle prevented the formation of sparks, and therefore the discoloration.

Drs. B. F. Dake and George B. Peck, chairmen of the bureaus of Pædology and Obstetrics, respectively, delivered their addresses, after which the Bureau of Pædology held its sectional meeting. Several papers were read; but the discussion was confined chiefly to two topics, viz., post diphtheritic paralysis, and reflex influences in relation to diseases of the nervous system. The prevalent opinion seemed to be that the tendency of modern times was to lay too much emphasis on special operations for the cure of neuroses.

The principal feature of the AFTERNOON SESSION was the report of the Bureau of Surgery. Intestinal surgery was the subject under consideration. The papers read, on wounds and obstructions of the intestines, offered a wide field for discussion; and opinions concerning operative measures, the time for interfering, the method of operating, the value of antiseptics, the

diagnostic value of the pulse and temperature, etc., were expressed by many experienced and practical surgeons. Altogether the session was one of great interest. It was a noteworthy example of the value of few papers and much intelligent discussion of the subject.

THIRD DAY.

MORNING SESSION. — After certain committee reports had been made and action taken thereon, the Committee on the International Pharmacopœia made its report, through Dr. Lewis Sherman, as follows :—

"Your committee which was appointed to confer with the American member of the Pharmacopœial Commission of the World's Homœopathic Convention, with reference to the preparation of an international pharmacopœia, begs leave to report, that, owing to the prolonged absence in Europe of Dr. Walter Y. Cowl, it has not yet been possible to secure the desired conference with that commission.

"We would report further, that, in pursuance of the instructions given in the resolution authorizing our appointment, we have examined the British Homœopathic Pharmacopœia with reference to its adaptation to the wants of physicians in the United States, and other countries outside of Great Britain ; that we find this to be a book of great merit ; that we specially commend the care taken in the tincture-making processes, the recognition of the effect of natural plant-moisture in lowering the alcoholic strength of the fresh plant-tinctures, the prescription of alcohol of different strengths for the preparation of different drug-tinctures, and the general accuracy of the detailed descriptions of drugs.

"We are instructed to suggest such changes as will improve the work, and adapt it to use in this and other countries outside of Great Britain.

"Among the changes which we would suggest are the following :—

"1. The substitution of the name 'dilution' in place of 'tincture,' for attenuated liquid preparations.

"2. The use of distilled water as a standard of comparison between weights and measures. This would bring our system in harmony with the French decimal system, and greatly simplify the descriptive processes, and would add ten per centum to the strength of the tinctures. Instead of 'minim' we would read 'grain' measure, just as in descriptions of volumetric analysis.

"3. The use of glass stoppered bottles for distilled water.

"4. The introduction of alcohol of the specific gravity .820, which is now a standard grade in the United States, being the highest obtained by distillation without the aid of chemicals.

"5. The authorization of the decimal scale of notation, which is now in such general use.

"6. The omission of reference to the therapeutic activity of certain preparations. We think such references out of place in a work of this character.

"7. The introduction of maceration as a tincture-making process, alternative with percolation.

"8. Making the dilutions to correspond in medicinal strength (drug-power) with triturations of the same number, instead of making them $\frac{1}{100}$ as strong.

"9. The limitation of the sign θ to denote strongest liquid pharmacopœial preparation.

"10. The use of the sign 0 (zero) to denote original substance.

"11. The authorization of a single vernacular pharmacopœial name for each medicine.

"12. The alphabetical arrangement of all the caption-names of medicines in a single series. This is merely to facilitate reference.

"13. A simplification of the process of trituration, and the requirement of a longer time to a given quantity of the finished product."

This report was accepted, and ordered to be published.

The following resolution was then offered :—

"*Resolved*, That a committee be appointed, consisting of twelve members, six of whom shall be pharmacists, whose duty shall be to prepare a pharmacopœia which shall bear the authoritative sanction of this body; that this committee be instructed to confer with the pharmacopœial committee of the International Homœopathic Congress held in Basle, Switzerland, in 1886, and with committees which may be appointed for the same purpose, by foreign societies, with the intent of making the work, if possible, international in character;

"That this committee be instructed to use as a basis the British Homœopathic Pharmacopœia, due weight being given to other authorized pharmacopœias, and to obtain the fundamental facts, as far as possible, from original sources;

"That this committee shall be empowered to fill vacancies in its membership caused by death or resignation."

In accordance with this resolution, which was duly adopted, the President appointed as members of the committee, Drs. Lewis Sherman of Milwaukee, Wis.; J. Wilkinson Clapp of Boston; F. E. Boericke of Philadelphia; Henry M. Smith of New York; James E. Gross of Chicago; William Boericke of San Francisco; J. P. Dake of Nashville, Tenn.; Conrad Wesselhoeft of Boston; A. C. Cowperthwaite of Iowa City, Io.; Timothy F. Allen of New York; Malcolm Leal of New York; H. R. Arndt of Ann Arbor, Mich.

After the report of its chairman, the Institute went into sectional meeting to hear the report of the Bureau of Gynecology. 'The general subject for consideration was "Uterine Therapeutics." The reading of the papers presented by Drs. O. S. Runnels, G. R. Southwick, E. M. Hale, and the chairman, Dr. P. Porter, occupied the time at the disposal of the Bureau so fully that there was practically no discussion, adjournment being necessitated by the lateness of the hour.

During the AFTERNOON, sectional meetings were held by the Bureau of Ophthalmology, Otology, and Laryngology, and the Bureau of Obstetrics. In the former the paper by Dr. F. Park Lewis, on "The Eye as a Factor in Functional Nervous Diseases," gave rise to an interesting discussion. In the latter the subject under consideration covered a wide field, and numerous papers were read on various complications of pregnancy; the plan of discussing each paper as it was read, in turn, being followed with satisfactory results. The concluding paper, by

the chairman, Dr. George B. Peck, presented a valuable *résumé* of statistics gathered by himself during the past year.

The EVENING SESSION was chiefly devoted to the report of the Bureau of Materia Medica and General Therapeutics. Zincum, the subject of the report, was compared with sepia, by H. C. Allen, M.D.; and its pathogenetic and therapeutic powers were fully discussed, although it was the clinical use of zincum and its salts that formed the basis of report and discussion.

FOURTH DAY.

The MORNING SESSION was the great business session of the Institute. Dr. J. P. Dake offered some resolutions relative to the recognition of journals and institutions, which were adopted. Following the report of the Committee on the President's Address, the Committee on Medical Education, through Dr. J. G. Comstock, made a stirring report, closing with the following resolution:—

“Resolved, That from and after the year 1890 the American Institute will not recognize diplomas of any college requiring less than four years' study, and attendance upon three courses of lectures of at least six months each.”

Dr. I. T. Talbot then presented the report of the Inter-collegiate Committee, showing the condition of, and work done by, our colleges, and concluding as follows:—

“Resolved, That after the college sessions of 1890–91 each and all of the homœopathic schools of America shall require of their candidates for graduation three years of medical study, including three full courses of didactic and clinical instruction, of at least six months each.”

It is a fact well worthy the attention of the profession, that from the President, through various committees, to the members of the Institute, there was but one voice in regard to this vital question of medical education; and the resolutions, after a free expression of opinion and Dr. Comstock's modification of his resolution, so that it should accord with the one offered by Dr. Talbot, were passed unanimously, — a fact which excited unusual demonstrations of pleasure and approval.

As the report from the Committee on Drug Provings, Dr. Charles Mohr of Philadelphia presented a series of forty-one provings to the Institute.

After the address on psychological medicine, by Dr. J. D. Buck, the Society proceeded to the election of officers for 1889, with the following result: President, Selden H. Talcott, Middletown, N.Y.; Vice-President, T. Y. Kinne, Paterson, N.J.; Treasurer, E. M. Kellogg, New York; General Secretary, Pemberton Dudley, Philadelphia; Provisional Secretary, T. M. Strong, New York.

Lake Minnetonka, Minnesota, was selected as the place for the next meeting.

AFTERNOON SESSION.—The Bureau of Psychological Medicine claimed the attention of the Institute, and presented an excellent list of papers characteristically thoughtful and creditable.

The EVENING SESSION, allotted to the Bureau of Clinical Medicine and Special Therapeutics, was marked by an interesting discussion of Dr. W. C. Goodno's paper, "The Treatment of Typhoid Fever."

FIFTH DAY.

The closing session was marked by the transaction of some important business, such as the adoption of the resolutions offered by Dr. J. H. McClellan as part of the report of the Bureau of Medical Legislation.

The usual memorial service was then held, sundry minor points of business were disposed of, and the Institute adjourned.

THE NEW HAVEN HOMŒOPATHIC MEDICAL SOCIETY.

THE New Haven Homœopathic Medical Society held a very instructive and enjoyable meeting at Dr. F. L. Barnum's residence, on Monday evening, July 2. The following physicians were present: Drs. F. L. Barnum, B. H. Cheney, C. B. Adams, J. A. Hutchinson, F. B. Kellogg, E. J. Walker, A. L. Talmage, E. C. M. Hall, and Charles Vishno. Dr. Hall presented a paper upon the subject of diarrhœa, its complications and treatment. He gave in detail twenty-three cases successfully treated according to the law of *similia similibus curantur*. A lively debate followed, in which all participated; and many cases were verbally reported of success, corresponding to the facts promulgated in the excellent and carefully prepared paper of Dr. Hall. Dr. F. B. Kellogg being appointed as the next essayist, the meeting adjourned, to convene at Dr. C. B. Adams's residence on the last Thursday evening of July.

CHAS. VISHNO, M.D., *Secretary*.

A MAINE doctor was called upon by a man who desired to get a prescription for alcohol. "For what purpose?" asked the doctor. "Mechanical," said the man with a countenance honest enough to look any judge in the country out of countenance. After writing the prescription and handing it to the man, the doctor said, "For what kind of mechanical purposes do you intend to use the alcohol?"—"Sawing wood. Good day, sir," was the reply.—*Medical Register*.

REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Part VIII. Ferrum to Iodum. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. London: E. Gould & Son. New York: Boericke & Tafel.

It is with pleasure that we chronicle the completion of the second volume of the Cyclopædia, for the appearance of this part marks that event. No stinted praise should be awarded the unceasing efforts of the editors to successfully carry on the work they have so well begun. The work is, in fact, now half completed, and the intention is to have it finished in season for the International Homœopathic Convention of 1891.

This part presents the pathogenetic records of such drugs as gelsemium, glonoinum, hamamelis, helleborus, hepar, hydrastis, hyoscyamus and its alkaloid, ignatia, and iodum. An appendix of over thirty-five pages contains corrections of, and additions to, the records of provings and descriptions of drugs contained in the two volumes, so that the work is brought to as recent a date as May, 1888.

It is both a duty and a cordial pleasure once more to recommend this work to all physicians who desire to have the most reliable, and the only coherent, records of the pathogenetic power of the drugs upon which we rely in the treatment of the cases coming under our care.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, FOR THE USE OF STUDENTS AND PRACTITIONERS. Second edition, thoroughly revised and enlarged. By James Nevins Hyde, A.M., M.D. Philadelphia: Lea Brothers & Co. 1888.

This work is just what every member of the profession has been looking for for years past, and looking in vain. We have all wanted a book on diseases of the skin, which would unite the experience of the fathers with the learning of the more modern writers, which would be accurate and yet concise, and which, above all, would free us, in some measure at least, from the barbarous nomenclature which the perverse ingenuity of European dermatologists has inflicted on us. Dr. Hyde gives us just such a book,—a work of some six hundred and fifty pages, covering the entire circle of skin-diseases, arranged in accordance with the classification of the American Dermatological Association, at once the most sensible and the most scientific nomenclature in existence. It is not an exhaustive work, like that of Hebra; but for practical purposes it far surpasses the work of any Euro-

pean dermatologist, though every physician who can get hold of it should secure a copy of Hebra's superb five volumes, and, if possible, the glorious atlas of plates of skin-diseases, issued by the New Sydenham Society of England.

The volume opens with a chapter on the anatomy and physiology of the skin, presenting the very latest additions to our knowledge on these subjects, followed by chapters on general symptomatology, general etiology, and general diagnosis, and a brief but excellent chapter on general prognosis, — the A B C, as it were, of dermatology. Next comes a chapter on classification, describing the systems proposed by Hebra and by Auspitz; comparing these with the classification of the American Dermatological Association, which has fostered the study of cutaneous medicine in America as it never was fostered before. The main body of the work follows in the form of a series of chapters, bright and pointed, and leaving nothing to be desired. The definitions are of especial excellence, and the entire pathology is sound and reliable. The work is profusely illustrated with woodcuts, and the one thing needed to make it perfect is to give an illustration of each skin-disease in the same style as the frontispiece. We most cordially recommend our readers to procure this fine specimen of American medical literature.

THE LANGUAGE OF MEDICINE. By F. R. Campbell, A.M., M.D.
New York: D. Appleton & Co. 1888. 318 pp.

As to know the history of a man's ancestors is no mean aid to guessing the character of the man himself, so to know the etymology of a word is to be well on the road to its signification. This is especially true of medical nomenclature, where the names employed are rarely arbitrary, but, for the most part, directly suggestive. To understand the derivation of these often formidably polysyllabic terms, is of the highest service, therefore, to the student of medicine; and to this desirable knowledge, he can be vastly helped, by a study of this excellent manual. The etymology and a brief history of all words brought into medical phraseology from Greek, Latin, and from modern languages, is here carefully given, together with valuable hints as to pronunciation, formation of plurals, and the like. It is a work compact, unique, accurate, highly interesting, and highly important, and, on even cursory study, will win its own welcome.

DISSOLUTION AND EVOLUTION, AND THE SCIENCE OF MEDICINE. By C. Pitfield Mitchell, M.R.C.S. London: Longmans, Green & Co. 1888. 245 pp.

This unique work is evidently intended, not for the Achilles, but for the Nestors, of medicine; not for those hourly engaged

in the sharp, instant struggle with the cruelties of disease and pain, but with those who have earned, by age and service, the leisure to theorize and speculate, and seek out, it may be, profitable battle-grounds for the fight they may no longer share. In a word, the book is a deeply, and, so far as phraseology goes, one may add, exasperatingly, philosophical inquiry into the very source and fountain-heads of the etiology of disease. "The most necessary knowledge for the rational treatment of disease," the author tells us, "is physiology and pathology as one science, in its widest and deepest connections." However widely the busy every-day practitioner may differ from the author as to the practical value of such inquiry, its speculative interest is undeniable.

Physicians familiar with the Spencerian philosophy will find, in this pains-taking effort to apply its principles to medicine, much that is ingenious and suggestive. It must be added, however, that nobody but a devotee of the Concord School of Philosophy can hope to make successful way through the polysyllabic quagmire which is the author's chosen road. For the average student of medicine to be told that inflammation and suppuration are caused by the "absorption of environmental energy," is to face him with "an unmitigated staggerer," as Mr. Swiveller would say; and, indeed, the value of every thought expressed, would be much more attainable to the class of readers appealed to by the author, if the somewhat pretentious and Johnsonese dialect in which they are clothed could be exchanged for every-day Anglo-Saxon. Many of the ideas, especially those on heredity, are markedly original, and at variance with commonly accepted views. The make-up of the book is satisfactory and handsome.

THE ETHICS OF MARRIAGE. By H. S. Pomeroy, M.D. New York: Funk & Wagnalls. 1888. 197 pp.

A work whose scientific teaching is sponsored by such a noteworthy authority as Dr. Thomas Emmet, and whose ethics are vouched for by Dr. Duryea, is a work worth critical reckoning with. And, indeed, apart from its imposing introductions, this little book has much to commend it to public favor. It is a detailed and fervent protest against what the author terms the "American sin;" namely, the destruction of unborn life. The facts adduced are both authentic and impressive, the motive is wholly high and cleanly, the style vigorous and earnest. All that Dr. Pomeroy has to say about the guilt and the filthiness of abortion, and systematic prevention of conception, is worth listening to, worth meditating upon, and worth repeating. We cannot refrain from the conviction, however, that, when all is

said, the author, like so many of his honest predecessors in this field, fails to probe the real root and core of the matter, which is the sin of blind and animal self-indulgence. When the world learns the duty and necessity of the exercise of reason and conscience in sexual affairs, as well within the limits of marriage as without them, then, and only then, the shameful sin of child-murder, which is the true name for abortion, will cease out of our land.

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF THE DISEASES OF WOMEN. By Graily Hewitt, M.D., F.R.C.P. Edited by H. Marion Sims, M.D. In 3 volumes. New York: E. B. Treat.

This work appears in the dress of the "Medical Classics," a series now so familiar to us. In some sense the work itself is a classic, the views of the author having been well known to the profession for some time, especially those concerning deviations in the form and position of the uterus; and on this subject there is little that is new in the present edition. The first volume treats of the natural history of the female generative organs; of the general pathology, congestion, inflammation, and certain distortions and displacements, of the uterus. Vol. II. treats of lateral deviations, relations between flexions and pregnancy, prolapsus uteri, amenorrhœa, menorrhagia, dysmenorrhœa, hystero-neuroses, pelvic cellulitis, etc. Vol. III. is devoted to uterine tumors and cancer, to diseases of the tubes, the ovaries, perineum, vagina, etc. As is well known, the author has devoted great care to the study, and is a strong advocate of the mechanical pathology of uterine diseases, especially of versions, flexions, prolapsus, etc. Mechanical causes, mechanical effects, and mechanical treatment characterize this portion of the work.

It is to be noted that among the additions made by Dr. Sims is a testimonial to the value of the late Dr. Salisbury's method of treating patients with uterine fibroid, with an exclusive beef diet. Nutrition, in fact, has a high place in the treatment recommended by the author throughout the work. Dr. Hewitt's theory, that hysteria is a uterine reflex symptom dependent always on flexion or malposition, is contrary to the views entertained by many other authorities; but it is founded on researches, the results of which are here presented, and with which all should be familiar who count themselves *au courant* with the literature of this department of medical science and art.

The additions offered by Dr. Sims are neither numerous enough, nor sufficiently obtrusive, to modify the author's views to any appreciable extent.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. New York: William Wood & Co.

Quite recently Fascicles V. and VIII. of this work have made their appearance. The five plates forming part of the fifth fasciculus represent several forms of syphilides, — annular, pustular, rupial, pustulo-crustaceous, etc. Fasciculus VIII. gives, in the text, the introduction to the part of the work which treats of the more important dermatoses, general remarks concerning objective and subjective symptoms, primary and secondary lesions, diagnosis, and the classification, which is that adopted by the American Dermatological Association slightly modified. The remainder of the text, and the plates, are devoted to the description and illustration of seborrhœa, comedo, milium, sudamina, typhus and typhoid fevers, variola, varicella, rubeola, rubella, scarlatina, and erysipelas.

For accuracy and perfection of execution, these latest fascicles compare favorably with their predecessors.

DOMESTIC COOK-BOOK. By Mrs. Dr. J. H. Pulte. Cincinnati: George W. Smith. 1888. 370 pp.

The purpose of this useful and sensible volume is, as the compiler announces in her preface, "to be a practical guide in the preparation of food for the well and the sick: for the former, that he may remain well, and for the latter, that he may be aided to recover his health." Since the important part played by dietetics in hygienic affairs is now well conceded, the value of a so-called "cook-book," which is compiled on sound dietetic principles, is easily admitted. The recipes given are varied, and, as far as may be judged by the uninitiated, will achieve results both wholesome and palatable. Physicians may profitably recommend it for domestic consultation.

THE JULY CENTURY discusses, in the Life of Lincoln, Lincoln in his relations to McClellan. Mr. Kennan tells us of the "Steppes of the Irish." There is a stirring war-paper on "The Career of the Confederate Ram Albemarle." Dr. Buckley has a philosophical essay on "Dreams, Nightmares, and Somnambulism." The short story by Brander Matthews is much below the level of that usually brilliant writer; and, among the many poems, Danske Dandridge's charming rhyme on "Folly Land" is easily first in merit. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for July will appeal to physicians chiefly through the interesting contributions on "Safety in House-Drainage" by Mr. Hoyt, and "The Teaching of Psychology" by Mr. Paul Janet. Professor Von Taube talks sug-

gestively on "Manual Training," and all classes of scientists may find in the varied table of contents something to their taste. New York : D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

PTOMAINES AND LEUCOMAINES, OR THE PUTREFACTIVE AND PHYSIOLOGICAL ALKALOIDS. By Victor C. Vaughn, Ph.D., M.D., and Frederick G. Novy, M.S. Philadelphia : Lea Brothers & Co. 1888.

PHYSICAL DEVELOPMENT; OR, THE LAWS GOVERNING THE HUMAN SYSTEM. By Nathan Allen, M.D., LL.D. Boston : Lee & Shepard. New York : Charles T. Dillingham. 1888.

SOME IMPORTANT POINTS IN THE TREATMENT OF DEEP URETHRAL STRICTURE. By F. N. Otis, M.D. Reprint from "The New-York Medical Journal."

STRANGULATED HERNIA. By George H. Taylor, M.D. Reprint from "The Medical Advance."

SOME RETROSPECTIVE AND PROSPECTIVE THOUGHTS ON SURGERY. By Donald MacLean, M.D. Reprint from "The Journal of the American Medical Association."

COCAINE DOSAGE AND COCAINE ADDICTION (reprint from "The Lancet") and COCAINE TOXÆMIA (reprint from "La Tribune Médicale"). By J. B. Mattison, M.D.

AN EXPERIMENTAL CONTRIBUTION TO INTESTINAL SURGERY. By Nicholas Senn, M.D., Ph.D. Reprints from "Annals of Surgery."

TWENTY-FOURTH REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON. 1887.

TWENTY-NINTH ANNUAL ANNOUNCEMENT OF THE NEW-YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

ANNUAL ANNOUNCEMENT OF THE NEW-YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.

CATALOGUE AND ANNOUNCEMENT OF THE UNIVERSITY OF MINNESOTA.

CROUP AND ITS MANAGEMENT. By Thomas Nichol, M.D., LL.D., D.C.L. Montreal Tracts on Homœopathy, No. 4. Montreal : W. Drysdale & Co.

PERSONAL AND NEWS ITEMS.

PRESQUE ISLE, Me., offers a good location for a homœopathic physician.

DRS. WILLIAM P. DEFRIEZ and GEORGE E. PERCY have returned from Europe.

DR. SAMUEL L. EATON has removed from East Orange, N.J., to Watkins, N. Y.

DR. H. W. BOYNTON has removed from Washington Street, Dorchester, to No. 8 Allston Street, Boston.

AT the June meeting of the American Institute of Homœopathy, sixty-nine were added to the list of members.

DR. MARY A. BAYNUM has removed to No. 22 Chester Square, Boston; office hours from 8 to 9 A.M., 1 to 2 and 6 to 7.30 P.M.

DR. W. R. AMESBURY has removed from Mansfield, Mass., to corner Kline Street and Madison Road, East Walnut Hills, Cincinnati, Ohio.

DURING the month of August, Dr. H. K. Bennett will take his summer vacation, and will not be at his office, 165 Boylston Street, Boston, after July 30, until Sept. 3, prox.

J. R. HOLCOMBE, M.D., Philadelphia, Penn., writes: "I gave Lactated Food to a miserable specimen of an infant. I am pleased to write you that it began to improve in a few days, and now, without having taken medicine, is a fine healthy child. I will add that it has had no other food."

THE Tenth Annual Announcement of the COLLEGE OF THE NEW YORK OPHTHALMIC HOSPITAL calls the attention of medical graduates to the admirable facilities offered by this institution for the instruction, theoretical and practical, of those who purpose making eye and ear diseases a specialty. Homœopaths are fortunate in possessing a college, where, to large clinical possibilities, and sound general instruction, is added the teaching of the homœopathic therapeutics, without a knowledge of which any specialist in the diseases in question is most imperfectly fitted for his work. All information concerning the course, dates, terms, etc., may be obtained by addressing Dr. William E. Rounds, 28 West Thirty-sixth Street, New-York City.

DR. TALCOTT, Superintendent of the Homœopathic State Insane Asylum, Middletown, N.Y., sailed for Europe, with Mrs. Talcott and Miss Hayes, daughter of the treasurer of the asylum, about the 15th of July. Dr. Talcott's trip is partly one of rest and pleasure, and partly in the interest of the asylum. The Legislature, at its last session, appropriated eighty-six thousand dollars for much-needed improvement, which will consist of a pavilion for the chronic insane, a chapel, a cottage for the superintendent, and an electric plant for lighting the buildings and the grounds. All these improvements will be completed by spring, when the asylum will be able to accommodate seven hundred patients. It has always been the plan of the trustees and the superintendent to appropriate the most advanced ideas for the management and treatment of the insane which could be obtained from careful scientific research, and the methods which have been the most successful in other institutions. Dr. Talcott will make himself familiar with the methods of dealing with the insane in Gheel, in Belgium, with a view of utilizing such ideas as may be found practicable in the cottages, which, within two or three years, the ever-increasing demands of the asylum at Middletown will require for its inmates. — *New-York Medical Times*.

THE following is as complete a list as can be at present obtained of the locations chosen by the members of the class of 1888, B.U.S.M. : —

- H. B. Babbitt, M.D., 17 Dodge Street, Cambridgeport, Mass.
- E. S. Biscoe, M.D., 2 Union Park Street, Boston, Mass.
- Anna M. Chipman, M.D., 81 Roxbury Street, Boston, Mass.
- F. L. Clark, M.D., Providence, R.I.
- John Dike, M.D., Wellesley Hills, Mass.
- F. W. Elliott, M.D., 232 Dudley Street, Boston, Mass.
- N. B. Ford, M.D., 25 Arnold Street, Boston, Mass.
- W. L. Galloway, 2616 Goode Avenue, St. Louis, Mo.
- A. B. Jenney, M.D., Winchester, N.H.
- C. R. Kaiser, M.D., 73 Rutland Street, Boston, Mass.
- Ellen M. Keith, M.D., Lowell, Mass.
- Clara B. Lawrence, M.D., Council Bluffs, Io.
- F. W. Patch, M.D., 57 Concord Street, South Framingham, Mass.
- E. T. St. John, M.D., New York, N.Y.
- Eloise A. Sears, M.D., Aëbury Grove, Mass.
- Martha A. Sheldon, M.D., Pomona, Cal.
- Jessie Shepard, M.D., 138 Delaware Avenue, Buffalo, N.Y.
- C. H. Thomas, M.D., 96 Ellery Street, Cambridge, Mass.

A. F. SUMNER, M.D., E. O. Wright, M.D., and John F. Worcester, M.D., sailed for Germany on the "Lessing," June 21. They will remain abroad about a year and a half.

DR. H. E. DEANE, resident physician of Detroit Foundlings' Home, Detroit, Mich., says: "During the year we care for a large number of infants. The mortality in our nursery has been lessened more than one-half since we commenced using Mellin's Food. Our babies never looked so well as at present."

THE TREATMENT OF ULCERS.

AN article appeared in the "London Medical Record," for Dec. 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten-per-cent solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans, and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Grossich has also had good results with this treatment, and cites some very interesting successful cases.

The treatment by the solution of phosphoric acid was further employed in a case of tuberculous abscess of eight months' duration, and also a case of eczema marginatum which had lasted more than a year, and good results followed.

The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten-per-cent solution of phosphoric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric-acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.

OBITUARY.

DR. GRANVILLE J. WALKER, B. U. S. M. class of 1882, of South Framingham, formerly of Taunton, Mass., died of phthisis pulmonalis, at the latter city, on Wednesday, the eleventh day of the present month.

He had been in infirm health for several months preceding his death, and for this reason had relinquished practice, thinking that rest and freedom from professional care would prove beneficial, and had made his home at his mother's residence in Taunton.

The true nature of his illness, however, did not positively assert itself until he had been for several weeks in his native place, and was beyond the reach of all curative or ameliorative remedies.

His wife and an infant son survive him. The former is unfortunately suffering from a nervous disorder of serious import, with which she was attacked a few weeks before the final illness of her husband.

Those of us who knew him well—and they were many, for his character was always genial and winning—mourn him as one who was ever a loyal friend and comrade, and an honor to his chosen profession.

W. S. S.

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EDITORIAL.

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BULLETIN DOCTORS.

THE old familiar greeting of the Shakespearian time, to the "Bully Doctor," might, in these days of advanced medical ethics, be appropriately lengthened into a salutation to the "*Bulletin* Doctor." The Bulletin Doctor has, indeed, become so individual and prominent an entity, in the last decade of years, as to justify the somewhat caustic joke which lately appeared in a comic weekly: where the wife of a celebrated invalid rushes imploringly to a physician seated on her veranda, to summon him to her husband, who has suddenly taken a turn for the worse; and he replies with austerity, "Madam, you forget I am exclusively on the *bulletin* staff of your husband's case!" It is a curious development of the phase of medical ethics which makes, of society halls, a sort of joss-house for the worship of the Dignity and Honor of the Ancient Profession of Medicine, that it should tacitly sanction, in the case of its members summoned to attend some sick or dying man of fame, a catering to the demands of the "fool multitude," which is as deficient in any thing like dignity and honor as can well be imagined. The "bulletin," which, through the medium of the daily press, it has become the undisputed fashion to issue from the bedside of a prominent invalid, is, from the standpoint alike of usefulness to the community, of kindness to the patient, and

of the dignity of the practitioner, an inexcusable absurdity. Of usefulness to the community: since, while it is entirely natural and commendable that the community should wish news of the progress toward health, or otherwise, of one of its leaders who lies stricken with a serious malady, it can in no wise concern the community to enter into pathological minutiae as to pulse, temperature, or "normal secretions." Any curiosity which the community may feel in the revelation of such minutiae is akin to the whispered request for "particulars," of the harpies in black bombazine who haunt country sick-rooms, and should be treated with exactly equal consideration. A brief authoritative statement as to improvement or retrogression is all the public has a right to demand, or any physician valuing the dignity of his position can consistently furnish.

Of kindness to the patient. As Mrs. Cheney has recently pointed out in a very clever and readable paper on the subject, there is a certain modesty of the sick-room, which a physician, least of all men, has any right to violate. There is something absolutely cruel in permitting the public eye to wander from the sorrowful fact of the danger, the fast-coming death it may be, of some great man, who has served the public well, to the sight of the inevitable ignoble detail which waits on the decadence of our "poor mortality;" to turn men's thought, to use a sorrowfully modern instance, from Sheridan at Winchester, to Sheridan unable to retain nourishment from intense nausea. It is a great man's fame, not a great man's stomach, which is public concern and public charge. As pruriently curious visitors are excluded from every wisely-guarded sick-room, so pruriently curious inquiries should be rebuked and ignored by every honorable physician who regards his patient's interests above his own little brief authority or importance. It is a not unentertaining speculation, to picture Hippocrates face to face with a modern journalistic interviewer.

Of the dignity of the practitioner himself. The physician who caters to an unjustifiable demand is on the level of the "practical" politician, and to that level does all that in him lies to drag our noble profession down. Germany has of late offered pitiable instance of how lightly, at best, is this professional dignity held, of which we hear so much, when it is weighed in

the balance with imagined personal rights and emolument. Such instances lower public respect, beyond the power of any bombastic utterances to build up. The announcement of the New-York "Sun" — lately quoted in a witty editorial of the New-York "Medical Journal," — that Gen. Boulanger was threatened with "suffocation by hæmaturia into the respiratory channels," is a fair sample of what physicians may expect and certainly deserve, when they admit the public to a professional confidence. And considering the obvious and frequent discrepancies between "bulletin" predictions and subsequent results and revelations, one would be justified in one further misquotation, and pointing, as did Pope, in slightly different phrase, to where some doubtful statement

"Like a tall *bulletin* lifts its head, and lies."

EDITORIAL NOTES AND COMMENTS.

A SERIOUS AND REALLY AMAZINGLY UNDESERVED INJUSTICE is done to the "Cyclopædia of Drug Pathogenesy" in a review in the columns of our esteemed contemporary, the "California Homœopath." This review of the last fascicle of the Cyclopædia appears in the journal for August, and is signed with the well-known initials "S. L." Its *animus* throughout is that of almost querulous hostility to the Cyclopædia and its aims: its nearest approach to praise being the grudging admission that, "after all, one may learn a great deal from the two volumes which have so far appeared." We do not here propose to discuss the review in detail; but two of its more prominent charges no friend of scientific and progressive homœopathy can let pass without at least a protest.

These are: I. That the Cyclopædia "neglects drugs," and "gives too much space to drugs which are far less prominently used in the daily practice of our physicians. Thus, in the last fascicle, Part VIII., graphite fills one page, while to hyoscyamus are granted over twenty pages." And, II. There is in the Cyclopædia "too little homœopathy."

To the first charge, the answer is obvious to every one in the

least familiar with the rules under which the Cyclopædia is compiled. A brief space is given to graphites, only because of the meagreness of the provings of graphites since Hahnemann's day. Hahnemann's own provings are, as a rule, omitted from the work, for reasons whose *pro* and *con* are certainly as familiar as discussion can make them; and that, these subtracted, only "one page" remains, is assuredly the fault neither of the editor nor of the Cyclopædia, but of the physicians whose unscientific indolence has brought us nothing new or authoritative *apropos* of this drug, for nearly a hundred years,—a fact which is equally and lamentably true of cuprum, drosera, cina, cocculus, and far too many others. And secondly, the complaint that there is no homœopathy in the Cyclopædia is as absurd as the complaint that there are no finished poems in a work on grammar. The Cyclopædia is not a temple: it is simply a strong and abiding foundation on which, by labor and patience, a temple may be built. A work on *materia medica* stands to homœopathy only in the relation of a quarry to a rising house of stone. To attempt to drag homœopathy into such a work, would be to make its very title a Hibernianism. It would seem the most puerile commonplace, did not such criticisms as the one under discussion show the necessity, to point out that a work on *materia medica* must deal wholly and simply with the nature and pathogenetic power of drugs, whereas homœopathy has to do only with their *therapeutic* application. The reviewer, in this connection, says that the Cyclopædia is "of no earthly practical use at the sick-bed." Neither is a work on the higher mathematics of any "earthly practical use" to the artillery officer, at the moment he is called to train his guns upon the foe; but without a thorough antecedent familiarity with, and assimilation of such work, an officer simply has no business in the field at all. The knowledge "crammed" at the moment it is needed makes neither sane thinkers nor scientific workers. Study of fundamentals antedates grasp of details, as food and exercise antedate muscle. Study of the Cyclopædia, our one cautious, scientific, and authoritative record of drug pathogenesis, is simply indispensable to the physician whose homœopathy is any thing but a castle in the air.

The reviewer rejoices, as in "a glorious sign of the times," in

the fact that an appreciable number of copies of the Cyclopædia still remain, unsold, in the possession of the Secretary of the Institute. So far as this fact is a sign of the times at all, it is a sign of the ignorance or parsimony of homœopathic physicians in a direction where they can least afford to be ignorant or parsimonious. In conclusion, we appropriately and gladly give place to the following announcement:—

THE CYCLOPÆDIA OF DRUG PATHOGENESY.

NEW YORK, June 20, 1888.

The American Institute of Homœopathy, at its meeting at Saratoga in 1886, voted to guarantee 400 subscribers to the above work.

Up to date I have received but 131 subscriptions, of which fourteen came from physicians outside of the Institute. This does not include those who subscribed for the first volume only, and then fell out.

The work will be completed in sixteen parts, of which seven have been issued, and the eighth is now ready for delivery.

The cost price is seventy cents per part, or \$11.00 for the whole sixteen, which includes the postage from London, where the work is published.

As less than one-third of the necessary number have thus far subscribed, it is evident that the Institute will have to bear a heavy pecuniary burden, unless the list be speedily and largely increased.

Your personal aid and subscription is earnestly requested.

E. M. KELLOGG, M.D., *Treasurer.*

134 EAST 36TH STREET.

THE OPENING OF THE NEW HOMŒOPATISCHE KRANKENHAUS AT LEIPSIK is matter for hearty congratulation to homœopathists everywhere. Concerning this event, we have the following facts from the GAZETTE's much-esteemed contributor, Dr. Conrad Wesselhoeft:—

“American physicians will be pleased to learn that on July 1 the new homœopathic hospital was opened for the reception of patients, at Leipzig in the kingdom of Saxony. For years the physicians of that wealthy city have been diligently at work, and their labors have been seconded by a liberal patronage, resulting in the erection of a handsome building in the suburban parts of the city, affording pleasant space for a garden, and ample breathing-room.

“As yet this ‘Krankenhaus’ is of moderate capacity, but will undoubtedly be enlarged, as all homœopathic institutions are,

sooner or later. The whole is under the able directorship of Dr. Carl Heinigke. All American physicians will wish the new enterprise the greatest possible success."

Our optimistic friends of the old school, on whom facts contrary to their theories always seem to have a curiously stimulating effect, will doubtless see, in this establishment of a homœopathic hospital in the face of every obstacle which bigotry and State influence can combine to bring, fresh evidence of their pet statement that "homœopathy has long been dead in the country of its birth."

AS A MATTER NOT ONLY OF COURTESY BUT OF JUSTICE to the New-York "Medical Times," the following which appeared in the August issue of that journal, and the gist of which belongs with the reports of the recent Institute meeting, is cheerfully given prominent space:—

"Editorial Note.—The following letter of Dr. Dake was a friendly communication not intended for publication, but as it contains information not given in other reports, he has kindly given us permission to print it as an appendix to the report of Dr. Strong:—

"Dear Dr. Guernsey: By reference to the report of the Niagara Falls meeting of the American Institute, you will observe, that, upon my motion, two standing resolutions were adopted defining the duties of the Bureau of Registration and Statistics, and the Committee on Medical Literature, in the listing of journals and institutions for our annual reports. Hereafter no snap judgment can be taken against a journal or an institution, as in the case of the "Medical Times" last year.

"I made the journey to Niagara largely for the purpose of having that wrong righted. I gave my views to the Senate of Seniors before bringing them before the Institute, and had the pleasure of a full indorsement.

"After my resolutions were adopted, Dr. O. S. Runnels moved to rescind the vote of last year, by which the "Times" was dropped; and the affirmative was without opposition.

"Among all the journals that come to my desk, I prize none more highly than the "Times."

Fraternally yours,

"J. P. DAKE."

"Dr. Runnels says : 'The resolution was adopted early Thursday morning. Neither Drs. Dudley nor Strong was in the room, and I did not reduce my motion to writing, but I immediately asked Dr. Kraft, the stenographer, if he "had" the resolution, and he said, "Yes."

"As nearly as I can recollect, the resolution was as follows :

"*Resolved*, That the motion adopted by the Institute last year relative to the erasure of the 'New-York Medical Times' from the list of homœopathic journals be, and is hereby, rescinded." "

COMMUNICATIONS.

AN OPEN LETTER TO DR. BENDER.

BY DR. HUGHES.

DEAR DR. BENDER,—I have just been reading your interesting "Address" in the May number of THE NEW-ENGLAND MEDICAL GAZETTE. I was naturally somewhat troubled at seeing students warned against a mode of homœopathizing which you associate with my name ; and I read on with some curiosity to see the grounds of your admonition. I found it based, first, on a case of broncho-pneumonia, in which, after failure of aconite, followed by phosphorus, and then of bryonia and tartarus in alternation, you cured with ipecacuanha. Now, it is true that in the article on broncho-pneumonia in my "Therapeutics" I do not mention the last-named drug. In the section of my "Pharmacodynamics" devoted to it, however, I go fully into its action on the air-passages, and justify therefrom Jousset's recommendation of it in capillary bronchitis, which is almost the same thing as broncho-pneumonia. It is therefore only an extension of my own principles to give ipecacuanha in such cases, when indicated by the character of the symptoms ; and I cannot see that its success makes any thing against "basing prescriptions on pathological conditions." I have little doubt that I should have given it myself, as you did, and that without consulting Jahr's Repertory.

But I read on, anxious to learn what is the more excellent way you would inculcate in preference to that you ascribe to me. On p. 218 I find it to consist in the advice, "prescribe according to the totality of the symptoms." At this I am a little astonished, as in the introduction to my "Therapeutics" I have occupied several pages in commending this mode of arriving at

the *simillimum*, and vindicating, as I have said, its "scientific accuracy and practical adaptability." When, however, I go still farther, I find that you and I mean something very different by the phrase "totality of symptoms." I mean, with Hahnemann, that the patient's condition shall find as close a reflection as possible in the pathogenetic effects of the drug. You indorse your students' complaint of such an aim as illusory, and recommend instead a series of expedients, mostly empirical, by which you assure them that success will be attained. They are to choose their remedies, either on the ground of the remote cause of the malady; or because of the presence of some symptom reputed "characteristic" of the drug in the patient before them; or because the latter's mental state is that to which a certain drug is considered suitable; or because the "conditions" of his symptoms are those with which a particular medicine has become associated. These indications, I say, are mostly empirical. There is nothing about mechanical injury in the pathogenesis of hypericum, or of a wetting in that of rhus. The "key-notes" of Guernsey and his followers are only exceptionally to be found among the effects of the drugs on the healthy body. The mental symptoms of certain well-known remedies doubtless appear under their headings in the pure *materia medica*, but so they do under those of a hundred others with which they have never been associated. The same may be said of the conditions; and both are so mixed up with others of opposite character as to be practically neutralized.

Please do not understand me to be denying the value of such indications. I have dwelt on them all in various places in my books, and use them all in my daily practice. The point I am making is, that they are outside of homœopathy proper; that they play no part in the fulfilment of Hahnemann's fundamental precept: "To effect a mild, rapid, certain, and permanent cure, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured." It is with the view of making this similarity real, and not illusory, that I have laid so much stress on the pathological basis alike of disease and of drug-action. For, in truth, what the patient desires to be rid of is his malady, — his pneumonia, or typhoid-fever, or neuralgia, as it may be: it is not the peculiar way in which this may affect his nerves. If likes are cured by likes, the resemblance must first of all exist in the essential thing to be cured: if it can also extend to the particular variety of the malady here present, can be individual as well as specific, all the better; the remedy rises from the *simile* to the *simillimum*. My only contention is, that it cannot be *simillimum* without being *simile*; that it must first of all correspond to the species, and then, as nearly as possible, to the individual.

Working thus, I find no difficulty, and no want of success, in applying the principle *similia similibus*; and I use the empirical expedients you describe, as well as the simple *usus in morbis*, rather as adjuncts than as primary resources. I do not doubt that they lead (when effective) to the same goal, viz., to what Dr. Drysdale calls the "pathological simile," the drug whose action is in such relationship to the malady that it neutralizes, reduces, or extinguishes it. But let us know clearly what we are doing; and then, each feeling his place to be in historical homœopathy, let us agree to differ as to our mode of working the method, substantiating our own by results rather than by arguments. Believe me

Yours very truly,

RICHARD HUGHES.

36 SILLWOOD ROAD, BRIGHTON, July 28, 1888.

TUBERCULOSIS OF THE TESTICLE, COMPLICATED WITH HYDROCELE OF THE TUNICA VAGINALIS. — CASTRATION.

BY H. I. OSTROM, M.D.,

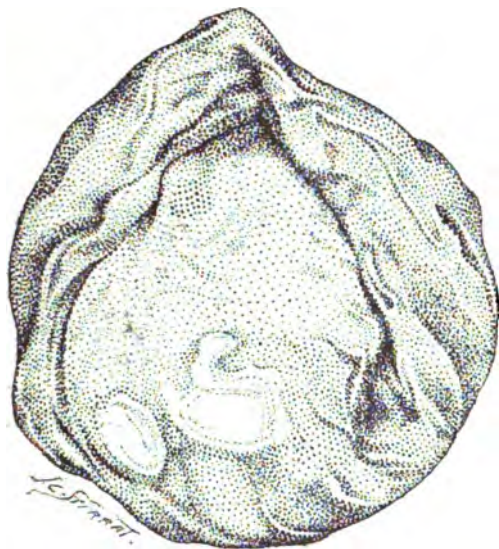
Visiting Surgeon to Ward's Island Hospital, and to the Hahnemann Hospital, New York.

TUBERCULOSIS of the testicle is not a very rare disease, but the circumstances of the following case make it one of more than common interest. For the history I am indebted to my late senior assistant, Dr. J. J. Russell; and for the illustration, to Mr. J. C. Firrat of the Ward's Island Hospital.

George F—, æt. 52 years; single; native of Holland; formerly a cavalryman; present occupation, waiter. Admitted to Ward's Island Hospital, Oct. 21, 1886. One sister died of phthisis. Is a very heavy drinker, and excessive in venery. Has had one attack of gonorrhœa; suffered with fever in the East Indies twenty years ago, and with occasional relapses since; has had cholera; has had a reducible left inguinal hernia thirty years, for which he has constantly worn a truss. Six years ago, while riding, was thrown forwards against the pommel of the saddle, injuring the left testicle. A slight orchitis followed. Four weeks before entering the hospital, the right ankle became swollen, stiff, red, and painful. There was at that time high fever, with profuse debilitating sweats. The right inguinal glands subsequently became enlarged.

Present Condition. — The patient is a large, strong, muscular man, well nourished, with no evidence of previous illness. Right leg and ankle swollen, stiff, red, and very painful. Fever, headache, profuse night sweats. Left testicle swollen, and very sensitive.

For six months the conditions remained about the same, with slight variations, during which, for a few days, he would be able to move about the ward. In January, 1887, iodine was applied to the testicle, without causing a reduction of its size. In February the right testicle began to swell, and soon became painful, the pain extending into the abdomen, causing a slight degree of peritonitis. In April there was an acute attack of facial erysipelas, with temperature 105° for a few hours. The right tonsil was at that time much swollen. In June the right testicle began to diminish in size, the left one remain-



ing as before. In July he was transferred to Dr. H. I. Ostrom's service, which began that month. From notes taken at that time and subsequently, the following report is condensed. Right ankle swollen and oedematous, with obscure fluctuation below the malleolus. Constant dull, aching pain, increased by slightest motion of the joint. Left tunica vaginalis distended with fluid, the swelling being con-

stricted at its centre by a band of fibrous tissue. Testicle enlarged, and unduly sensitive, lying at the posterior and lower aspect of the sac. Dr. Ostrom aspirated the ankle, and obtained a little bloody serum. Iodide of potash afforded prompt relief of the rheumatism; by the 1st of August, swelling, pain, and stiffness entirely disappeared.

July 28, Dr. Ostrom began an operation by excision of the tunica vaginalis, for the radical cure of the hydrocele, but, finding the testicle diseased, removed it, together with a considerable portion of the vaginal tunic. On the 29th the temperature rose to $104\frac{2}{3}^{\circ}$ without apparent cause. After that the progress of the case was uneventful, the large wound healing promptly, with only slight suppuration.

An examination of the testicle showed the gland to be enlarged, and the epididymis to be occupied with deposits of

tubercle. The accompanying illustration exhibits a transverse section of the testicle and epididymis.

The interesting features in this case—features which make it quite exceptional in the history of tubercular diseases of the testicle—are: the length of time that the disease had existed without breaking down into suppuration; the absence, at the time of castration, of any evidence of development of tubercle in the right testicle, notwithstanding that, only a short time before, there had been a considerable degree of orchitis; the rheumatic complication, though whether this was in any way connected with testicle pathology is not clear; and the absence of tubercular deposits in any other organ or part of the body. The latter has seemed to me quite remarkable, considering the well-marked local disease.

*ON NEW METHODS OF ELECTRIC TREATMENT OF
DISEASES OF WOMEN IN FRANCE.*

BY DR. REIMAR OF KIEW.

[*Translated from "Der Frauenarzt" by Albert Pick & F. Pritchard of Boston.*]

SINCE the application of electricity has been extended, especially through the endeavors of American physicians (Drs. Beard and Rockwell), and has also been employed in the treatment of internal diseases as well as of those involving the whole organism, this remedy has been gradually more and more favored by physicians for diseases of the female sexual organs. It is not intended to speak here of the so-called "general electrization, electric douches and baths," which also have indirectly a curative power in diseases of the female sexual organs, but only the direct and immediate application of electricity in those diseases will here be considered.

With full recognition of that which has been done in this direction in other countries, it must be acknowledged that French physicians have given especial attention to this subject.

At the Convention of Naturalists in Wiesbaden, a physician from Nizza (a German by birth) read a paper "On the Application of Electricity in Diseases of Women," besides which Mathelin ("Archiv. de Tocologie," October, 1882), Tripier ("Comptes rend. de l'Académie des Sciences," 1859), and others have worked in this direction. The essay by Menière has been considered in the fourth number of "Der Frauenarzt."

However, Apostoli of Paris has given the fullest exposition of electrical treatment in diseases of women among the French.

In numerous treatises,¹ written by him and his pupils, he has explained his methods and principles, as well as the instruments he considers appropriate.

Without going more deeply into the electrical treatment of diseases of women in general, the writer takes the liberty of considering only three points of Apostoli's treatment, in which he has explored an entirely new field.

First of all, he rejects every medicinal treatment of the so-called ovarian neuralgia, and applies only electricity, and this with interrupted current. He has designed for it an electrode, which is introduced into the uterus, and is connected with both poles. In the course of five minutes the intensity of the current is raised from zero as far as the patient can bear it without discomfort, and then reduced to zero again. As both poles touch the unsensitive membrane of the uterus, the patient can bear usually quite a high degree of intensity without discomfort. The galvanic treatment of ovarian neuralgia has been already well known, much recommended and employed; but the application of the faradic current, and in this form, was first proposed by Apostoli. The writer can confirm from his own experience the good results stated by Apostoli.

A second point is his treatment of uterine tumors. Apostoli employs a very powerful, constant current (up to 100 milliamperes). A galvanic current of this immense power, unheard of until now (hardly till now have instruments existed, with which such a powerful current could be obtained), must naturally produce extremely striking effects. But Apostoli emphasizes the fact that the current acts not as a caustic, but only as an electrolytic. An electrode is introduced into the uterus; if necessary, the uterus (the uterine wall) is pierced by a sharp instrument; a large, wet compress of clay upon the abdomen forms the other electrode. In great inclination to hemorrhage, the positive is connected with the intra-uterine electrode, the negative one with the abdomen; in other more usual cases, just the reverse obtains. Apostoli attaches especial importance to the complete constant current, a galvanometer indicating absolutely up to 100 milliamperes, a well-wet clay compress, as large as possible, not brittle, yet sufficiently flexible, upon the abdomen, careful disinfection of the vagina and the uterine electrode. The patient has, according to his assertion, very trifling discomfort.

¹ De l'application de l'électricité aux accouchements. *Revue médicale française et étrangère*, Septembre, 1881.

Du traitement électrique des tumeurs fibreuses de l'utérus, par Carlet. Paris, 1884.

Sur un nouveau traitement de la métrite chronique et en particulier de l'endométrite. *Nouvelle annuaire d'obstétrique et de gynécologie*, 1886. Besides that, he has spoken on this subject personally in Copenhagen.

The writer has not had any opportunity to employ the described treatment, which, according to his view, has its place only in the clinic. But in the above-mentioned paper, by Carlet, there are quoted a large number of cases treated by this method with success.

Thirdly, Apostoli has recently begun to treat chronic inflammation of the uterus according to the same principles, especially endometritis. While he, in the manner formerly described, causes a very powerful galvanic current to act upon (up to 200 milliamperes) the mucous membrane of the uterus, he intends to destroy it,¹ so that with the reformation of the uterine mucous membrane the exudates are simultaneously absorbed, and the hyperplasia disappears. After the above-stated rule, the positive or negative pole is connected with the electrode.

Further investigations must show, in how far the methods of treatment proposed by Dr. Apostoli are without danger, and attain their purpose, or if eventually other methods are to be preferred; at all events, they deserve a thorough trial and consideration. From the point of view of general therapeutics it is to be observed, that the treatment of ovarian neuralgia and uterine fibromas, proposed by him, naturally connects itself with the recent re-action against the too frequent operative treatment in diseases of women.

ACCIDENTAL INJURIES TO THE NERVOUS SYSTEM.

BY CHARLES A. BARNARD, M.D., CENTREDALE, R.I.

[*Read before the Rhode Island Homœopathic Medical Society.*]

IN no part of our animal economy is the wisdom and kindness of our Creator more strikingly displayed, than in the arrangement, intricacy, and protection of the nervous system. The brain, within its firm, bony walls, resting on its soft supporting bed, the tentorium, surrounded with serum to make the pressure which it receives in the different positions into which it is brought as unresisting as possible, seems marvellously well protected.

Mark also the care displayed in the protection of the spinal cord. Placed in that part of the body least subject to blows, it is less liable to injury than in any other situation. Observe carefully its watery cushion, its delicate but firm coverings, its bony casements. The sections of this bony tenement being arranged in a straight line, the greatest possible sidewise move-

¹ It is not to be denied, that a contradiction exists in Apostoli's statements; as in this case the current is said to act as a caustic, whilst in treating fibromas he emphasizes its electrolytic action.

ment is thus secured. While its symmetrical forward and backward curves allow that grace and ease of motion which distinguish mankind, they also prevent jar.

Not alone in arrangement, but in structure, does the Divine Architect seek to render the spine free from injury.

By using the lighter variety of bone, and placing between the sections cartilaginous cushions, does He secure the greatest freedom from vibrations communicated to it by striking on the feet.

Notwithstanding the lightness of bone, the insertion of cushions, the beautiful and spring-like curves used to protect the spine and its delicate tenant, a misstep, with the body and limbs in a rigid condition, has been known to cause such injury that years of suffering and death resulted.

Such is the delicate nature of the nervous structure, that a blow that produces no visible effects, indeed, a shake or jar without any blow, may so disturb the molecular arrangement as to lead to fatal consequences.

Not long since a case occurred in my practice which awakened wide-spread interest in our community. The patient having become a bed-ridden sufferer, and her husband being infirm and poor, they had both become town charges. About the time that I took charge of the patient, several cases were brought to my notice, the cause of which was the same, although the results in each case were different. The intense and protracted sufferings of my patient, and the severe results of the cases brought to my notice, awakened a professional and scientific interest in my mind, and I resolved to record the results of my inquiries.

Prosecuting my inquiries beyond the cases coming immediately under my notice, the lectures of the distinguished English surgeon Erichsen, on concussion of the spine, were placed in my hands. The cause seems so slight, while the result seems so profound in some of the cases, that the remark with which he opens his lectures, "that no injury is so slight as to be despised," seems to be greatly emphasized by these personal observations of my own.

Before giving the details of my own case, I would like to refer briefly to a few of the cases mentioned in the lectures just referred to.

"CASE 4. — A man felling a tree was struck by a limb on the lower cervical spine and shoulders. Immediate paralysis of sensation and motion of all below this point followed. All the functions were faithfully performed, and he remained well nourished. Six years after he suffered absolutely painless amputation of both limbs at the hip-joint, simply because they were in the way. Died of effects of drink; no autopsy.

"CASE 13. — A man knocked down by a horse; blow on side of the neck; rupture of inter-vertebral ligaments; escape of blood into canal of the cord, between the bones and membranes; death on ninth day; autopsy.

"CASE 26. — A lady, strong and healthy, slipped in going down stairs. She struck three or four stairs on her heels; did not lose her footing; struck no part of body or head. Thought little of it at time. Great suffering and paralysis slowly supervened, and death after many years.

"CASE 36. — A moulder, engaged in a manner that caused much twisting of back, felt something snap. Did not fall, but could not continue work. Next morning incurable paralysis, with paralysis of sphincters, was found to have obtained.

"CASE 37. — Very strong, healthy young lady had her back twisted in a railway collision. Paralysis supervened, from which she recovered."

One of the most remarkable cases that has ever come to my notice, was related in the last meeting of the Rhode-Island Medico-Legal Society, by Dr. Palmer of this city. A man at work in a sandbank fell from the top of the bank to the soft sand below, and struck head foremost. The man lived but a short time, and upon examination extensive fracture of the skull was found. How a man falling a few feet into such a non-resisting medium as sand could extensively fracture his skull is, to me, incomprehensible.

The following cases occurred in my neighborhood, but not under my care:—

Miss X—, a healthy, strong, country girl, attending school at G—. One day, a lad attending the same school removed a chair upon which she was about to sit. She received quite a severe shock; but, in the excitement which her fall occasioned, she thought no more of it. A few weeks after, spinal symptoms manifested themselves, for which she sought aid. Her medical attendant did not rightly translate her symptoms, and she came to this city. Caries of one or more of the dorsal vertebræ was found, with lateral curvature. A course of tonics, rest, and plaster jacket brought about what seemed to be a complete cure.

Last summer this same young lady was in the train that ran into the platform of the Union Depot. She received a violent toss to and fro, but after the excitement had subsided thought no more about it. Went home, and engaged in her duties of teaching school. After a few days, sensations of lassitude, back-ache, and sleeplessness became apparent. She grew rapidly worse, until her life was despaired of. Finally recovered, but with hopeless paraplegia.

Miss W——, a sprightly lass, attending school at W——, intending to sit upon a chair, had the chair removed, and sat violently upon the floor. Symptoms of spinal trouble rapidly obtained, and she soon died. Return of spinal meningitis given; no autopsy.

Miss Z—— met with the same accident. After many months she became troubled with her back; constant pain, lassitude, inability to study, sleepless, unable to keep upright; was found to have lateral curvature. Has since recovered.

Last spring I was called to prescribe for a boy aged three years who was vomiting. Not learning any previous history, and seeing nothing peculiar about the child, I thought the vomiting caused by indigestion, and prescribed accordingly. Two days later was called again; child decidedly worse, and some convulsive movements manifest. I then learned, that about three weeks previous the child had fallen from the window into the garden, a distance of ten or twelve feet. When found, was on the hands and knees, with no mark of violence to be seen. After the excitement abated, the family paid no more attention to the fall.

Some two weeks later, it being pay-day, the children had a treat. This child, besides eating a hearty supper, partook freely of the candy, etc. During the night he began to vomit, which he continued to do up to the time of my visit. I told the people, the vomiting I believed to be of cerebral origin, caused by concussion of the brain at the time of the fall.

The condition of the child at this time was as follows: pale and anxious; entire body limp and moist; slight convulsive movements; slight strabismus.

During the night had violent convulsions, followed by paralysis of left side. I gave an unfavorable prognosis, and called counsel. The consulting physician thought the case one of essential paralysis of childhood.

Despite our efforts, the child grew rapidly worse, and died. Its sufferings seemed intense. Strabismus more marked; convulsive attacks more frequent; its cries loud, piercing, distressing. No necropsy could be obtained.

Dr. Wilcox reports the following remarkable case: A lady, having been exposed to cold and wet, took a severe cold; she became seriously ill. The diagnosis of meningitis was made. She became totally paralyzed below the waist, both in motion and sensation: death ensued. At the autopsy, not the slightest pathological change could be detected in the spinal cord or membranes, either by the eye or microscope. The inference is, that the paralysis was of peripheral origin.

Notwithstanding the great number of people who are injured

by railway accidents, falling buildings, falls from different heights, runaways, etc., but very little is known of the pathology of cerebral and spinal concussion. The reason is, undoubtedly, that very few, comparatively, die within a short time, but linger for many months or years, and then die, perhaps, of some acute disease. Unless serious injury is done to the brain or cord, causing immediate death, or an escape of blood ensues with pressure, the victims of accidents are likely to know but little of their injury until after molecular changes have taken place.

Mr. Erichsen declares, that, in his large private and hospital practice, he has never seen an autopsy.

Mr. Hogg, the distinguished English ophthalmic surgeon, says almost all we know of the pathology of spinal concussion is from Lockhart Clarke.

In view of these facts, we must consider ourselves particularly fortunate in having knowledge of the following case:—

Some years ago, Mrs. E——, living in peace and plenty with her family, in the full enjoyment of early married life, while in the act of sitting, the chair which she was about to occupy was removed by a young man with whom she was enjoying a frolic. After a hearty laugh, nothing more was thought of the fall.

About a week after this, she had a severe attack of vomiting, accompanied by lancinating pains and pricking sensations all over the body. From this time she never enjoyed perfect health. Weakness, the peculiar pins-and-needles sensation, sleepless nights, inability to attend to her work, were the predominant symptoms. She was able to be about most of the time for the next five years, but suffering, and not able to do much. About this time she began to have attacks of illness, of several months' duration, characterized by sudden loss of power, severe pains over the entire system, extreme prostration.

The attacks came on with varying intervals and intensity for several years. She then began to hear noises in the head; loud roaring and snapping sounds. Dark balls began to float before the eyes; flashes of light and sparks became visible.

Paraplegia gradually became apparent, until about one year before her death she was entirely helpless below the waist. About two months before her death she lost control of the sphincters. Emaciation was very marked. Her sufferings were for many years accompanied by intense burning in the abdominal region. Hyperæsthesia of the body and lower extremities was intense. Taste was impaired toward the end. Her great emaciation, the lines of her face, her wild, staring eyes, made her a picture of agony never to be forgotten. Strange to say, her eyesight was good, and mind clear, to the end.

Remarkable as it may seem, not until within a few months of

her death was the cause of her long career of suffering suspected. She had been attended by many physicians within and without the State, some of them eminent. Her sufferings were attributed to nearly every cause but the right one. One day during the summer of 1884, Dr. Green, whom I had invited to see the patient, was in conversation with her husband, when the fact of her fall some thirty years before came out. This cleared up the mystery which the most careful inquiry for years had failed to do, simply because the family had forgotten the fall, not attaching any importance to it, and not thinking it in any way connected with her sickness.

Years before her death, she made me promise I would examine her body after her death. On Oct. 15, 1884, I was called to the fulfilment of my promise.

Feeling sure that the fall of which we had obtained a history had given us the correct view of the cause, we directed our attention to the spine.

Upon making section of the bodies of the vertebræ, we were surprised at the ease with which the lumbar vertebræ were divided. Upon exposing the canal at this portion, we were surprised to find it nearly empty; the several nerves of the spinal cord, for the length of the fifth, fourth, and third lumbar vertebræ, almost entirely absorbed. The cord for its entire length was softened and shrunken; progressively so towards the sacrum. The membranes were thick and adherent. Investigating for the cause of this great change, we found an oblique fracture on the left posterior surface of the body of the fifth lumbar vertebra. The violent blow communicated to this point, by striking upon the nates, had fractured this bone. The fracture remaining ununited had led to osteitis, the inflammation extending to the membranes and cord. The sacrum, and the third, fourth, and fifth lumbar vertebræ, were so soft as to be readily severed with a penknife.

Owing to the fact that I had an urgent case to which I had been previously called, the cranial cavity was not opened.

I regard this case of value for several reasons:—

I. It supports Mr. Erichsen's theory, that, although so little is positively known regarding the pathology of spinal and cerebral concussion, it is due, in a large majority of cases, to secondary inflammatory changes, induced by disturbed molecular arrangement. Indeed, I think it is his opinion, that such is the fact in all cases, except those in which the injury is violent enough to directly injure the central nerve-substance, or produce fracture of the skull, or fracture or dislocation of one or more vertebræ, or rupture of a blood-vessel, thus causing pressure.

II. I think it shows that the initial lesion is in the spine, in a much larger proportion of cases than is suspected.

III. That the spine and its delicate tenant, notwithstanding the care and wisdom displayed to protect them, are very susceptible of injury.

Concerning the varieties of injury some interesting facts are deduced. Much has been said and written about the so-called "railway spine." But I think it is conclusively shown that the results of injuries received in railway accidents differ in no way from those received from other causes. In the series of cases detailed by Mr. Erichsen, it is very clearly shown that precisely the same train of symptoms may be produced by railway accidents, runaways, falls, blows, wrenches, and sprains. Whatever the primary cause, the secondary inflammation, except in the class of cases referred to, is what causes the severe results.

Regarding the symptoms of this class of cases, the details of my case would stand for a large proportion of the cases of spinal injury.

Impaired vision results in a large proportion of cases. Indeed, Mr. Wharton Jones thinks in all, at some time in the progress of the case. Mr. Hogg dissents from this opinion, however. He cites Dr. Long Fox as authority for the statement that injuries below the cervical region are much less likely to produce impairment of vision than above that point.

In all cases, except where the injury is direct, it is due to the creeping upward of meningeal irritation.

The lessons that impress themselves on my mind from these researches are:—

I. That we, as medical men, should lose no opportunity to warn people of the danger attending the practice of removing an article upon which a person is about to sit.

II. That no blow, fall, jar, to which our attention may be called, is slight enough to be overlooked, but should demand our minute attention.

III. That the most important procedure after such an accident is to insure as near absolute rest as is possible. I think much suffering and many lives could thus be spared.

IV. That, in all accidents when there is direct and violent injury to the thorax or limbs, there is much less likely to be injury to the nervous system.

A CASE OF JACKSONIAN EPILEPSY.

BY G. O. WELCH, M.D., WESTBOROUGH, MASS.

Miss B— L— was admitted to the Westborough Insane Hospital, in December, 1886. All the history that came with her, covering a period of six years' residence in two other hospitals, consisted of a few meagre details.

She was transferred from — Hospital, Aug. 10, 1880. Then insane seven years. Assigned cause, self-abuse. Assigned form of disease, epilepsy. At times quiet, at other times noisy and destructive. Neat in appearance, and orderly in habits when not excited. Eye-sight failing. Age, at first attack, fourteen.

After she had been here for some time, inquiries as to her past history brought forward a few facts that threw some light on the diagnosis of her case.

She began, at the age of fourteen, to have spells of vertigo; these gradually grew more severe and frequent, and finally terminated, about two years later, in epileptic or rather epileptiform convulsions. During the next four years she became increasingly violent and destructive. About this period her eyes began to grow prominent. She had complained of losing her sense of smell some time previous. In January, 1886, it was noticed that her sight was gradually failing in both eyes. She became almost blind in a few months, but her sight had improved considerably when she was admitted to this Hospital. This characteristic of fluctuation was very prominent in all her symptoms, as the following extracts from the case-book will show: —

DEC. 14, 1886. — She is, at this date, considerably demented. Seldom speaks of her own accord, except during a scolding fit; cannot carry on a connected conversation, or talk about any thing but herself. Remembers some general facts of her previous history, but her mind is a blank on most other subjects. She can remember her own, but does not know her father's first name. She says that her mother died at the change of life, but does not remember how old she was, or how long ago it occurred. She remembers the names of the cities she has lived in, but is not sure of the streets, and cannot locate them. She is irritable, easily excited to scolding. Has history of masturbation. (It was afterwards discovered she was addicted to this habit only during a series of fits, and at no other time.) Physical condition was very good; eyes prominent; eyesight poor; can distinguish forms, but not colors.

Towards the end of December she began to complain of pain on top of the head while walking. Two days later she had four fits, the first noticed since her arrival here. After the termination of the convulsions she did not recover consciousness, and from habits of extreme neatness she changed, temporarily, to those of a filthy dement. This attack lasted about ten days. During that period she had ten fits. After the first three days she gradually recovered consciousness, but could not talk coherently, and was still filthy. At the end of the time

mentioned, about ten days from the beginning of attack, she became neat and orderly again, and physically and mentally was in the same condition as before her fits, except that in place of being irritable and scolding she was pleasant and quiet.

This, her most normal condition, lasted a little over two weeks, when she again became irritable and cross, scolding all who came near her, and refusing to leave her bed. She did not become unconscious, filthy, or lose the power of speech, during this attack, which lasted about the same length of time as the previous one,—ten days. She then returned to her usual condition. The fits occurring during this period must have been nocturnal, as, though she was closely watched during the day, she was never seen in a convulsion during the whole time. This, by the way, was a characteristic that lasted, with but few exceptions, till she died. Coming here with a history of frequent daily fits, after her first attack she was seldom seen in a convulsion during the daytime; but soon after each irritable spell came on, the night-watch would often find her in the midst of epileptic seizures.

It was three weeks before she complained of any further symptoms. Towards the last of February, 1887, she began to suffer, for the first time, with dizziness and pain in the left side of head. This increased so in three days that she was afraid to move unless she was clinging to the wall for support. At the end of three days more the vertigo was much better, and she began on another irritable attack. This lasted about one week, and was followed, at the end of another week, by a spell of vertigo, this time accompanied by nausea, so that she was obliged to lie still in bed to prevent vomiting.

After this attack, which lasted only a few days, she had no further trouble for nearly five months, except on one occasion, when she became unconscious for a time, and fell to the floor, but was not convulsed. She was all right in a few minutes.

About the middle of August she had an attack of dyspnœa, lasting nearly a week; during this time the pulse was regular, weak, and compressible. This pseudo-asphyxia came on again at frequent intervals till she died.

Nausea and dizziness appeared again during the last of August, accompanied by severe pains in left side of head and eyes. This continued till the middle of September, when she had a week's relief from all pain and discomfort.

The second week in September a new symptom set in,—paralysis of some of the muscles of the eyes. When first noticed there was divergent strabismus of the left eye, while the right eye was turned upwards. Owing to her poor sight she was never conscious of this condition, so it caused her no

inconvenience. The abnormal position of the right eye lasted only a day; but afterwards, whenever she moved her head, this eye would not follow at the same rate of speed, but would take several seconds in reaching its former relative position. The next day ptosis of the left eyelid set in. She again became cross and irritable, and in a day or two was in much the same condition as the previous December, except that she had no fits during the day. She was filthy and unconscious most of the time for about two weeks. At the end of this time she regained her natural condition, and the ptosis and strabismus began to disappear. They were hardly perceptible during the first few days in October, but in proportion to their disappearance the severe pain came back in the left side of her head.

The second week in October the ptosis and strabismus of left eye and lid returned; her head continued to pain her terribly on left side; left side of tongue trembled when protruded; left pupil was larger than right one. These symptoms fluctuated during the rest of the month, she being now better, now worse, but she was never entirely free from them. She had occasional spells of unconsciousness, lasting about twenty-four hours.

On the night of Oct. 27, she commenced an almost continuous series of fits, and died the next morning during one of them.

During her residence here, menstruation was normal and regular. We could trace no connection between it and her attacks.

Her eyes had not become any more prominent while in this hospital. Her sight had failed gradually and continually; just previous to death, examination proved the sense of sight to be almost extinct.

Inquiry and examination discovered no history or trace of syphilis; and, later, I could find no indication or knowledge of any injury to head.

The medicines which gave her most relief were, belladonna, cicicifuga, gelsemium, ipecac, nux vomica, and veratrum viride. Other intercurrent remedies were given whenever the symptoms occurred, calling for their use.

Post Mortem.—Dura mater adherent on right side. Brain, weight forty-six and a half ounces, very hard; convolutions flattened and pressed closely together. Tumor perceptible in right occipital lobe, which, on palpation, showed presence of fluid. Harder pressure caused a rupture of the cyst, and about a half-ounce of fluid escaped. The occipital lobe was opened on the inferior surface, and a cavity found nearly filled with a colloid mass of a grayish-white color, with some very small blood-clots, and white strings running through as of old nerve-fibers. This cavity connected, by a canal as large as the little



DERMOID CYST.

From Case No. 19. Showing cyst, wall, teeth, and hair.

finger, with the right lateral ventricle. The cavity did not include the cortical substance of the brain, but was caused entirely by destruction of white fibres passing to occipital convolutions and angular gyrus. There was no perceptible connection with the left ventricle, except as shown by escape of small amount of serum, of darker color than usual. The gray matter, all over the brain, was abnormally thin; that of the side and bottom of right occipital lobes had atrophied to little more than thickness of paper.

There were no signs of any olfactory bulbs. The optic tract and nerves were atrophied to size of thread. Thirteen ounces of serum escaped during removal of the brain.

This case had been diagnosed, some time previous to death, as a case of Jacksonian epilepsy, originating in a tumor in the right hemisphere of the brain. The location was suspected to be in the occipital lobe, but owing to the neglect to study or note the case before she came here, this could not be definitely decided. When she came under our care both eyes were equally affected. This was undoubtedly due to pressure of the intracerebral fluid, and consequent atrophy of optic tract and nerves.

It is unfortunate that her case could not have been more carefully watched at first, so that the beginning of her ocular trouble could have been definitely ascertained and tested, and further facts furnished, thereby, towards the proof or disproof of ocular localization in this much-disputed territory of the brain.

ABDOMINAL SURGERY: A TABULATED REPORT OF FIFTY CASES.

BY HORACE PACKARD, M.D., BOSTON, MASS.

OF the fifty cases embodied in the following report, twenty were operated upon for ovarian tumors, five for the removal of ovaries not the seat of tumor, and twenty-five for miscellaneous purposes, such as total extirpation of the uterus *per vaginam*, removal of uterine fibroids, diseases of the kidney, umbilical and femoral herniæ, pelvic abscess, opening of the gall-bladder, and incisions for purposes of exploration.

THE OVARIAN TUMORS. — Nineteen of the cases of ovarian tumor were completed operations, and of these eighteen recovered. The one death was in the case of an unmarried woman of twenty-nine years. There were no unfavorable complications at the time of operation, and every thing indicated a successful issue. No elevation of temperature followed, and there was a copious secretion of urine, but on the third day she sank into

a heavy sleep which gradually became more profound, and died on the fourth day. The necropsy revealed little or nothing to account for the death. One kidney showed a small spot which was thought to be tuberculous, but the remainder of that kidney and all the tissue of the other seemed perfectly normal. The cause of death has remained an enigma to me to the present day.

One uncompleted ovariectomy is included in the table, but it is my purpose to let that stand by itself and form one of a class. It was an enormous tumor of eighty pounds, and had a history of ten years growth. The patient had been urgently advised eight years before by an ovariectomist to have it removed, but had steadfastly refused. When she came into my hands, operation was sought as a last resort, and it proved to be the last, for the tumor in its long-continued growth had fastened itself to nearly all the abdominal viscera, and before it could be separated the patient succumbed. The fault in this case lay in the long delay. It is more than probable, that, had operation been attempted eight years before, success would have followed.

Several of the eighteen successful cases present points of more than ordinary interest.

CASE VI. was a woman of sixty-four years. A vesico-ventral fistula made its appearance on the fourth day. A self-retaining silver catheter was placed in the bladder, but did not satisfactorily drain away the urine, the latter continuing to bubble up through the fistula. An artificial vesico-vaginal fistula was made, and out through it came the silk ligature and a piece of necrotic tissue. After this the ventral fistula quickly closed, and the patient went to her home. She returned a few months after to have the vesico-vaginal fistula closed. It was then found that she had a stone in the bladder, which on removal was found to have for a nucleus a bit of silk ligature.

CASE VII. was what is popularly called a suppurating ovarian cyst, but properly speaking it was not, for, though the contents appeared to the unaided eye precisely like pus, yet the microscope showed it to be only fatty and sebaceous matter without any pus corpuscles whatever. In this case the adhesions were so extensive that enucleation was abandoned, and the opening in the sac was sutured to the edges of the abdominal wound. Recovery promptly followed. A few months after, the patient returned, exhibiting a ventral hernia at the site where the cyst wall was sutured to the abdominal wound. This is the only case in which this complication has followed.

CASE VIII. is of some interest in that, nine months after, an exploratory incision was made through the left linea semilunaris to determine the character of a bunch which had made its



HYDROSALPINX.

From Cases No. 12 and 14, respectively. Showing distention and convolution of the Fallopian tubes.



PYOSALPINX.

From Case No. 21. The left has been laid open and the pus evacuated, while the right remains as at time of removal.

appearance in that locality. It was found to be cancer of the mesentery, from which she afterwards died.

CASE XII. was a dermoid cyst of the left ovary, presenting teeth and hair imbedded in fat ; on the right side was found an excellent specimen of hydrosalpinx. (See cut.)

CASE XIII. was another so-called suppurating cyst, but this time of both ovaries. It was a case presenting the most extensive adhesions that I ever attempted to operate on. The operation was performed in Farmington, Me. I have not seen the patient since, but the last report received was that she had so far recovered that she is able to attend to her usual household duties.

CASE XIV. presented, beside a parovarian cyst, another perfect specimen of hydrosalpinx. (See cut.)

CASE XV. is of importance in that the peritoneum was found, at the time of the operation, studded with tubercles. The external wound was slow in healing, and even now, three months from the date of the operation, a sinus still persists. She has, however, steadily gained in strength and flesh, and, according to other reports of similar cases, the abdominal section may have a beneficial effect on the peritoneal tuberculosis.

CASE XIX. was a perfect specimen of a dermoid cyst. (See cut.) In the preparation of the specimen for preservation, the fat has been dissolved and drained away, and the cyst wall preserved in glycerine and HgCl₂ solution. Special mention should also be made of the finely formed teeth presented.

THE REMOVAL OF OVARIES. — There are but five cases in this class to report, and all recovered from the operation ; not all, however, recovered from the trouble for which the ovaries were removed. All are now living, three of whom are much improved, while the other two have not been benefited at all.

CASE XXI. had the ovaries removed to check the growth of a fibroid tumor. At the time of the operation both tubes were found distended and filled with pus, yielding the most exquisite examples of pyosalpinx. (See cut.)

CASE XXIV. was one in which a pelvic abscess of each side had been opened and drained *per vaginam*, several months before ; large accumulations of dense tissue still persisted on either side, giving rise to constant pain. On abdominal section, no tubes or ovaries could be found, all apparently being imbedded in these masses of plastic tissue. Both sides were dug out, a sort of pedicle formed and ligated, and drainage-tubes adjusted. A slow but perfect recovery has followed.

MISCELLANEOUS OPERATIONS. — A much larger mortality will be observed in this class than in the preceding ; and such would naturally be expected, for the list covers a great variety of conditions, many of them of the greatest gravity. Some of them

were among my earliest operations, when, as is so bluntly stated by another operator, "I was learning how;" and doubtless with the riper experience now gained, and improved methods of operating, the same cases might be carried safely through.

CASE XXXIX. is worthy of special mention here. It was an enormous solid fibroid tumor, with a pedicle less than two inches in diameter. It was treated intra-peritoneally with many buried catgut sutures. Recovery was rapid and uninterrupted.

CASE XL. was similar to the above, except that the larger part of the tumor was a simple cyst with a very thin and fragile wall, and the solid portion, near the pedicle, was about the size and shape of a placenta (see cut), so that the whole, with contents evacuated, bore a most striking resemblance to a placenta and its membranes. The pedicle was treated in the same way, and every thing went on well until the fifth day, when with temperature normal, and scarcely any discharge from the drainage-tube, the latter was removed. The patient died three days after, from peritonitis. My mistake lay in too early removal of the drainage-tube. It is now my invariable rule to leave the drainage-tube until the tenth day.

Of OPERATIONS ON THE KIDNEY, two are recorded.

CASE XXXVI. — Nephorrhaphy was followed by the happiest results. The patient had suffered all the discomforts which usually accompany movable kidney. A lumbar incision was made down to the organ, and with many catgut sutures it was fastened well back into its original resting-place, where it has since remained, much to the relief of its owner.

CASE XIX. — Nephrectomy was performed in an old lady of sixty-four years. The kidney was dislocated, much enlarged, and very tender and painful. She had passed great numbers of renal calculi. The lumbar incision was made, and the kidney removed. The patient lived but ten hours. A post-mortem showed absence of the other kidney. In a similar case I should now open such a kidney, sew its edges to the lumbar wound, and drain. I have but little doubt, had this course been pursued, the patient would have recovered, and great relief followed. My dependence, however, was upon the other kidney, which the necropsy showed was not there.

TOTAL EXTIRPATION OF THE UTERUS PER VAGINAM. — Five cases of this operation are recorded for the relief of cancer of the cervix. It is my belief that this operation has a great future. It appears that epithelioma of the cervix begins purely as a local disease, even as much so as epithelioma of the lip in the male. Why cannot equally brilliant results be obtained if early and thorough removal be effected? I do not believe that vaginal extirpation of the uterus in itself is a specially

FIBRO-CYSTIC TUMOR OF UTERUS.
From Case No. 40. Showing solid and cystic portion, the whole strangely simulating in appearance a placenta and its membranes.



dangerous operation. The high mortality and early recurrence of the disease recorded by many authors are caused by the almost invariably advanced stage of the disease. The great error is in allowing valuable time to slip away while resorting to temporizing measures. In the list here presented, three out of the five recovered from the operation promptly and without complication. One fell into my hands early in the progress of the disease, and, as a consequence, is now in perfect health with no sign of a return of the trouble. The other two were far advanced; and though there has been much improvement of the general health, the disease already shows indications of return, and there is but little prospect that life will be much prolonged by the operation.

HERNIE.—It would perhaps be claimed that operations for the radical cure of hernia should not be included under the general head of abdominal surgery; yet this operation involves the opening of the peritoneal cavity, and equally careful preparations are made as for the most dangerous laparotomy.

CASE XXXVIII. was certainly as difficult and dangerous as any laparotomy it has been my fortune to perform. An enormous hernial protrusion of the intestines existed at the site of the umbilicus, having burrowed its way beneath the skin in all directions, especially downward, pushing the peritoneum and omentum before it until, as the patient occupied the sitting posture, it rested upon the thighs, reaching about half way to the knees (see cut).

The intestines were in a complete tangle, adherent to the omentum, peritoneum, and to each other. The knot was finally, and with much difficulty, unravelled, and the huge mass gradually worked back into its natural cavity. Several square feet of omentum were ligated and cut off, and the umbilical opening drawn together with strong silver wires which were allowed to remain permanently. The hernial sac was thoroughly dissected out, the redundant skin cut away, and the external wound closed. Very complete and satisfactory recovery followed.

CASE XXXII. is of interest in that it was in a woman of seventy-four years, who made an excellent recovery. The hernia was small in comparison with the preceding.

OPERATION ON THE GALL-BLADDER.—**CASE L.**—Cholecystotomy. This operation consisted in the opening of the gall-cyst for the relief of an extremely acute and painful affection which had arisen presumably as a result of occlusion of the cystic duct. Twice prior to the operation the aspirator needle was inserted, and over forty ounces each time of a sero-purulent fluid drawn off. The edges of the opening in the gall-cyst were sutured to the external wound, and drainage-tubes inserted.

Complete relief has followed, and the prospects seem excellent for a rapid recovery.

Of the fifty cases recorded in the following table, forty were operated on in the Murdock Free Surgical Hospital for Women, eight in the Massachusetts Homœopathic Hospital, and two in private practice.

Of late I have departed from the time-honored custom of administering a cathartic to patients prior to an abdominal operation. A thorough enema is given, and evacuation of the bowels secured, in the morning before the operation. I believe that much of the griping and gaseous distension which so frequently occurs during the first day or two is often due to an unwisely administered cathartic.

The strictest aseptic and antiseptic precautions are used in the preparation of the field of operation, instruments, sponges, hands, and dressings. The field of operation is thoroughly scrubbed with soap and a 1 : 1000 bichloride-of-mercury solution. The hands of operator and assistants are scrubbed for one minute with soap and warm water, then one minute in a 1 : 1000 bichloride-of-mercury solution. Sponges are thoroughly washed, then macerated in a weak solution of hydrochloric acid for six hours, one-half an hour in permanganate of potash, bleached in a solution of sulphate of soda for two hours, washed out and placed in a bag, and hung in a dry place. The day before they are to be used, one dozen are counted out, and placed in a five-per-cent solution of carbolic acid, and allowed to remain over night. The morning of the operation, they, with all the instruments, are placed in a steam sterilizing tank for one hour. The operations are usually appointed for half-past nine; and the assistants are expected to be on hand twenty minutes before that hour, and ready for duty on the minute. One person has exclusive charge of instruments and dressings, and does nothing else. Another has as his duty the preparation of the field of operation, removal of hair, supervision of sponges, towels, hot sheets, and solutions, with one nurse under him as assistant. Two assistants stand at the table, one opposite and the other at the left of the operator.

I wish here to acknowledge in the most appreciative manner the liberality of the founder of the Murdock Free Hospital for Women, in abundantly providing all the necessary apparatus and appurtenances for the successful conducting of by far the larger number of operations included in this report.

I wish also to express my high appreciation of the aid rendered the members of the co-operating staff of that institution.



UMBILICAL HERNIA.

From Case No. 38. Enormous hernial protrusion of the intestines, of fifteen years' standing.

TABULAR VIEW.

I.—OPERATIONS FOR THE REMOVAL OF OVARIAN AND PAROVARIAN TUMORS.

* No.	Patient of	Date of Operation.	Age, Married or Single.	No. of Children.	No. of Tappings.	Time since first noticed.	Size and Nature of Tumor.	One or both Ovaries.	Adhesions.	Drainage.	Hospital or Private.	Result of Operation.	Remarks.	Reported elsewhere.
1	Private.	Sept. 19, 1885	64 M.	4	0	7 mo's	Ovarian tumor, 14 pounds.	Both	None	No	H.	R.	Convalescence rapid and uncomplicated.	N. E. Med. Gazette, 1885.
2	Dr. I. E. Chase, Haverhill, Mass.	Jan. 31, 1887	34 M.	1	0	-	Parovarian cyst.	-	Yes	Yes	H.	R.	Severe attack of pneumonia, third day after operation.	Not.
3	Dr. A. D. Smith, South Boston.	Jan. 17, 1887	48 M.	2	2	7 years	Enormous multilocular ovarian cystoma. Operation not completed.	One	Everywhere	-	H.	D.	Tumor in its growth had fastened on to all adjacent viscera with such tenacity that operation could not be completed.	Not.
4	Dr. H. L. Chase, Cambridgeport.	Feb. 17, 1887	29 S.	-	0	11 mo's	Multilocular ovarian cyst.	Both	None	No	H.	D.	On third day became very stupid, fell into a comatose state, and died fourth day. Autopsy did not reveal cause of death. No peritonitis. Patient lived nine months.	Not.
5	Dr. J. A. Burpee, Malden, Mass.	June 25, 1887	44 M.	3	0	3 mo's	Papilloma of right ovary. Simple cyst of left ovary.	Both	Yes	Yes	H.	R.	Silk ligature sloughed through into bladder. Vesico-ventral fistula followed.	N. E. Med. Gazette, 1888.
6	Dr. L. M. Willis, Charlestown, Mass.	July 30, 1887	64 M.	5	0	6 mo's	Multilocular ovarian cyst.	Both	Yes	No	H.	R.	Silk ligature sloughed through into bladder. Vesico-ventral fistula followed.	N. E. Med. Gazette, 1888.
7	Dr. C. A. Nordstrom, Malden, Mass.	Aug. 15, 1887	40 M.	1	0	1 year	Suppurating ovarian tumor.	-	Yes	Yes	H.	R.	Cyst wall not removed. Sutured to abdominal wound, and permanent drainage adopted. Patient died afterwards (five months later) from cancer of bowel.	N. E. Med. Gazette, 1888.
8	Dr. C. C. Ellis, Somerville, Mass.	Nov. 10, 1887	38 M.	0	0	2 years	Multilocular ovarian cyst.	Both	Yes	No	H.	R.	Patient died afterwards (five months later) from cancer of bowel.	N. E. Med. Gazette, 1888.

I.—OPERATIONS FOR THE REMOVAL OF OVARIAN AND PAROVARIAN TUMORS—*Continued.*

No.	Patient of	Date of Operation.	Age	Married or Single.	No. of Children.	No. of Tappings.	Time since first noticed.	Size and Nature of Tumor.	One or both Ovaries.	Additions.	Drainage.	Hospital or Private.	Result of Operation.	Remarks.	Reported elsewhere.
9	Dr. M. E. Mann, Boston, Mass.	Nov. 14, 1887	35	S.	—	0	?	Small parovarian cyst.	Both	None	No	H.	R.	Convalescence retarded by irritation of silk ligature on left side. Convalescence rapid and uncomplicated.	N. E. Med. Gazette, 1888.
10	Dr. F. A. Warner, Lowell, Mass.	Nov. 21, 1887	42	M.	3	0	9 mo's	Simple ovarian cyst.	Both	None	No	H.	R.	Convalescence rapid and uncomplicated.	N. E. Med. Gazette, 1888.
11	Dr. D. A. Babcock, Fall River, Mass.	Feb. 3, 1888	41	M.	2	0	?	Small cyst of right ovary.	One	None	No	H.	R.	Convalescence rapid and uncomplicated.	Not.
12	Dr. Alden W. Brown, Boston, Mass.	Feb. 13, 1888	34	M.	1	0	?	Dermoid cyst of left ovary and hydrosalpinx. (See cut.)	One	Dense	Yes	H.	R.	Cyst wall contained bone with several well-formed teeth, and a mass of hair imbedded in fat.	Not.
13	Dr. F. O. Lyford, Farmington, Me.	Feb. 26, 1888	—	—	—	1	—	Suppurating cyst of both ovaries.	Both	Dense	Yes	P.	R.	Each ovary was but a sac filled with pus.	Not.
14	Dr. H. C. Clapp, Boston.	April 18, 1888	32	M.	0	0	?	Small parovarian cyst of right side and hydrosalpinx.	One	Many.	Yes	H.	R.	Convalescence rapid and uncomplicated. (See cut.)	Not.
15	Dr. J. K. Culver, Boston, Mass.	May 3, 1888	41	M.	0	0	11 mo's	Multilocular ovarian cyst of both ovaries.	Both	Yes	Yes	H.	R.	Omentum was studied with tubercles. Convalescence very slow.	Not.
16	Dr. F. W. Moore, Brookline, Mass.	May 10, 1888	50	M.	5	0	3 mo's	Multilocular ovarian cyst.	One	None	No	H.	R.	Convalescence rapid and uncomplicated.	Not.
17	Private.	May 11, 1888	22	M.	2	0	1 year	Ovarian cyst of both sides and pyosalpinx.	Both	Yes	Yes	H.	R.	Both tubes filled with thick yellow fluid, and distended like sausages.	Not.
18	Dr. C. A. Barnard, Centredale, R.I.	May 23, 1888	40	S.	—	2	2 years	14 lbs. right side, and small cyst left side.	Both	Yes	Yes	H.	R.	Convalescence rapid and uncomplicated.	Not.
19	Dr. A. Mitchell, Medfield, Mass.	April 25, 1888	35	M.	3	0	10 years	Dermoid cyst (see cut.)	One	No	No	H.	R.	Convalescence rapid and uncomplicated. (See cut.)	Not.
20	Private.	June 1, 1888	61	M.	7	0	18 mo's	Multilocular ovarian cyst.	One	No	No	H.	R.	Convalescence rapid and uncomplicated.	Not.

II. — OPERATIONS FOR THE REMOVAL OF OVARIES NOT THE SEAT OF TUMOR.

No.	Patient of	Date of Operation.	Age.	Married or Single.	No. of Children.	Duration of Disease.	Pathological Condition or Symptoms necessitating Operation.	One or both Ovaries.	Adhesions.	Drainage.	Hospital or Private.	Result (Recovery or Death).	Effect of Operation on Condition requiring it.	Remarks.	Reported elsewhere.
21	Private.	Nov. 24, 1886	38	M.	0	1 year	Fibroid tumor of uterus, and double pyosalpinx.	Both	No	No	H.	R.	Improvement to date.	Operation was instituted for removal of ovaries to check growth of tumor. Has menstruated since.	Not.
22	Dr. H. B. Eaton, Rockland, Me.	Jan. 10, 1887	28	S.	0	4 years	Chorea and chronic pain and tenderness in left ovary.	Both	No	No	H.	R.	Cure of chorea and pain.	Operation was performed only after failure of long-continued treatment. Has not menstruated since.	Not.
23	Dr. F. C. Richardson, E. Boston, Mass.	Jan. 22, 1887	33	M.	2	-	Chronic ovarialgia. Complete prostration of system.	Both	Yes	No	H.	R.	None.	Patient was not improved in her general condition by the operation.	Not.
24	Private.	May 4, 1887	33	M.	0	2 years	Abscess of both tubes and tubo-vaginal sinuses. Previously opened per vaginam and drained.	Both	Yes	Yes	H.	R.	Cure.	Convalescence slow, on account of persistence of sinuses in track of drainage tubes.	Not.
25	Private.	Jan. 11, 1888	44	M.	3	4 years	Long-continued pain and tenderness in left ovary.	Both	No	No	H.	R.	Relieved but not eradicated.	Patient was treated for two years with hope of cure before operation.	Not.

III. — OPERATIONS FOR OTHER PURPOSES THAN THE REMOVAL OF OVARIES.

No.	Patient of	Date of Operation.	Sex. Age.	Duration of Disease.	Pathological Conditions or Symptoms necessitating Operation.	Nature of Operation.	Drainage.	Hospital or Private.	Result (Recovery or Death).	Effect of Operation on Condition requiring it.	Remarks.	Reported elsewhere.
26	Private.	Feb. 23, 1885	F. 34	2 y'rs	Interstitial uterine fibroid.	Supra-cervical amputation.	No	H.	D.	-	Stump treated intra-peritoneally. Death from hemorrhage.	Not.
27	Private.	April 27, 1885	F. 48	-	Multiple fibroid of uterus, and small ovarian cyst.	Eucleation.	No	H.	D.	-	Petionitis occurred third day.	Not.
28	Private.	April 2, 1888	F. 30	3 y'rs	Acetia and ovarian sarcoma.	Exploratory incision.	Yes	H.	R.	-	Death occurred ten weeks after from original disease.	
29	Private.	Jan. 24, 1887	F. 64	6 y'rs	Movable kidney, enlarged and painful. Had passed many renal calculi.	Nephrectomy (lumbar incision).	Yes	H.	D.	-	Autopsy showed absence of other kidney.	
30	Private.	March 21, 1887	F. 33	?	Pelvic abscess.	Laparotomy. Drainage tube passed down through Douglas's pouch.	Yes	H.	R.	Cure.		
31	Private.	March 25, 1887	F. 46	7 y'rs	Large multilocular ovarian cyst. Enormous adhesions.	Exploratory incision.	No	H.	R.	-	Patient still living, and in fair general health.	
32	Dr. C. C. Ellis, Somerville, Mass.	Sept. 6, 1887	F. 73	15 y'rs	Umbilical hernia.	Operation for radical cure.	No	H.	R.	-	Patient had barely escaped death a few weeks before from strangulation of gut.	N. E. Med. Gazette, 1888.
33	Dr. S. P. Hammond, Boston, Mass.	Oct. 5, 1887	F. 48	3 mo's	Epithelioma of cervix.	Total extirpation per vaginam.	Yes	H.	R.	Cure.	Ten months from time of operation is in robust health, with no signs of return of disease.	N. E. Med. Gazette, 1888.

III. — OPERATIONS FOR OTHER PURPOSES THAN THE REMOVAL OF OVARIES — *Continued.*

No.	Patient of	Date of Operation.	Sex.	Age.	Duration of Disease.	Pathological Conditions or Symptoms necessitating Operation.	Nature of Operation.	Drainage.	Hospital or Private.	Result (Recovery or Death).	Effect of Operation on Condition requiring it.	Remarks.	Reported elsewhere.
34	Dr. G. F. Walker, Boston, Mass.	Nov. 9, 1887	F.	30	5 mo's	Umbilical hernia.	Operation for radical cure.	No	H.	R.	Cure.	Several months after operation, patient rolled out of bed, and reproduced rupture. Has worn pad since.	N. E. Med. Gazette, 1888.
35	Dr. Francis Brick, Worcester, Mass.	Oct. 26, 1887	F.	50	6 mo's	Epithelioma cervix.	Total extirpation per vaginam.	Yes	H.	D.	-	Patient succumbed two hours after operation from shock.	N. E. Med. Gazette, 1888.
36	Private.	Dec. 2, 1887	F.	47	2 y'rs	Movable kidney.	Nephrotomy.	Yes	H.	R.	Cure.	Kidney remains in place, and patient in perfect health.	N. E. Med. Gazette, 1888.
37	Private.	Jan. 25, 1888	F.	33	.7 y'rs	Epithelioma cervix.	Total extirpation per vaginam.	Yes	H.	D.	-	Patient survived five days. Death from exhaustion.	Not.
38	Dr. A. B. Sherburn, Portsmouth, N.H.	Feb. 1, 1888	F.	42	15 y'rs	Umbilical hernia, enormous in size. (See cut.)	Operation for radical cure.	Yes	H.	R.	Cure.	Hernial opening at least two inches in diameter. Enormous protrusion of intestines. See cut.	Not.
39	Private.	Feb. 15, 1888	F.	53	5 y'rs	Fibroid tumor of uterus, 17 pounds.	Removal. Intra-peritoneal treatment of pedicle.	Yes	H.	R.	Cure.	Pedicle about two inches in diameter, and secured with buried cat-gut sutures.	Not.
40	Dr. H. M. Hunter, Lowell, Mass.	Feb. 29, 1888	F.	47	1 year	Fibro-cystic tumors of uterus. (See treatment of cut.)	Removal. Intra-peritoneal treatment of stump.	Yes	H.	D.	-	Patient did excellently well until sixth day, when drainage tube was removed. Peritonitis afterwards set in, causing death. (See cut.)	Not.
41	Dr. C. A. Nordstrom (Malden, Mass.)	March 16, 1888	F.	40	3 mo's	Ventral hernia. Sequel to operation in Case 7, Table I.	Operation for radical cure.	No	H.	R.	Cure.		

III. — OPERATIONS FOR OTHER PURPOSES THAN THE REMOVAL OF OVARIES — *Concluded.*

No.	Patient of	Date of Operation.	Sex.	Age.	Duration of Disease.	Pathological Conditions or Symptoms necessitating Operation.	Nature of Operation.	Drainage.	Hospital or Private.	Result (Recovery or Death).	Effect of Operation on Condition requiring it.	Remarks.	Reported elsewhere.
42	Dr. N. R. Perkins, Winchendon, Mass.	April 12, 1888	F.	42	4 y's	Ascites and multiple fibroid of uterus.	Supra-cervical amputation of uterus. Extraperitoneal treatment of stump.	No	H.	D.	-	Patient died from exhaustion. Rapid return of ascites, indicating serious portal obstruction.	
43	Private.	April 30, 1888	F.	54	13 y's	Femoral hernia.	Ligating neck of sac, and suturing edges of ring, radical cure.	Yes	H.	R.	-		
44	Private.	April 27, 1888	F.	53	7 y's	Umbilical hernia.	Operation for radical cure.	Yes	H.	D.	-	An abscess formed at site of operation. Death apparently from exhaustion.	
45	Dr. C. C. Ellis, Somerville, Mass.	April 28, 1888	F.	39	?	Carcinoma of mesentery.	Exploratory incision.	No	P.	D.	-	Death occurred from progress of disease.	
46	Dr. W. H. Lougee, Lawrence, Mass.	May 2, 1888	F.	37	5 mo's	Epithelioma of cervix.	Total extirpation of uterus per vaginam.	Yes	H.	R.	-		
47	Dr. R. A. Lawrence, Boston.	May 16, 1888	F.	45	6 mo's	Epithelioma of cervix.	Total extirpation of uterus.	Yes	H.	R.	-		
48	Dr. R. A. Lawrence, Boston.	June 1, 1888	F.	34	9 mo's	Uterine fibroid.	Exploratory incision.	No	H.	R.	-		Turn or complicated with pregnancy. Miscarriage two weeks after.
49	Private.	May 10, 1888	F.	42	14 y's	Umbilical hernia.	Operation for radical cure.	Yes	H.	R.	Cure.		
50	Dr. J. S. Shaw, Boston.	Aug., 1888	M.	-	-	Occlusion of cystic duct.	Cholecystostomy.	Yes	H.	R.	Cure.		
SUMMARY.													
Completed laparotomies for ovarian tumors, and removal of ovaries and appendages								No.					
Total completed abdominal operations of all classes								24					
								49					
									Recoveries.	Deaths.	Mortality.		
									23	1	4 1/6 per cent.		
									39	10	25 per cent.		

GLEANINGS AND TRANSLATIONS.

THE FOOD IN ACUTE DISEASES. — A medical education does not yet include any teaching as to what is good in the matter of food in acute illness, — in this country, at least. So said Sir William Roberts, in his address on "The Feeding of the Sick," before the British Medical Association in 1885; and his assertion cannot be gainsaid. Nor is it easy to see how long it will be before a less scandalous condition will come into existence. It is understood, both in and out of the profession, that a "slop diet" is the proper thing. But "slops," practically, are no more than meat infusions, especially beef-tea, milk and seltzer-water, and home-made lemonade. Meat infusions, however, are *not* food, though they have a value of their own. They contain valuable blood-salts and extractives which are stimulant, but they are not "food." They are excellent vehicles for food, as broken biscuit, for instance. Milk should be converted into whey, according to Dr. King Chambers. Lemonade has a certain food-value in proportion to the sugar it contains, and is all the better if made with cream of tartar.

What is required by persons acutely sick? That depends upon the temperature. If there be pyrexia present, it is not only useless to give albuminoid matters, as no histogenesis goes on, but there is the positive risk of adding to the waste and excrementitious matters floating in the blood. Soluble carbohydrates and blood-salts are what is required. A person may be acutely ill, as in bronchitis, for instance, with but a very trifling rise of temperature, and then milk is not contra-indicated. In such cases milk which has been well boiled is excellent. The advantages of such boiling are twofold: (1) it destroys disease-germs, and (2) the curd is small and flocculent; and there is no risk of that firm curd which is fraught with so much danger, especially in typhoid-fever. It is also very pleasant in the form of junket, or "curds and whey." Some soluble carbohydrate may be added with advantage. But what is a "soluble carbohydrate?" the reader asks impatiently. He ought to have been told in his college course; but it was nobody's duty to tell him, as no examiner would ever ask him such a question. The lecturer on physiology describes to him the act of digestion, and tells him how the saliva converts insoluble starch into soluble grape-sugar, in order that it may pass through the wall of the alimentary canal. But what he has to do when the saliva is scanty and inert is not yet the business of any teacher. He has that to find out for himself, if he can.

The first person who recognized the importance of converting insoluble starch into a soluble maltose was M. Mellin, with his "non-farinaceous food." He has been followed by a host of imitators, and many excellent predigested foods are on the market. Such foods consist, in the main, of baked flour, or biscuit powder, and malt. They go well with meat infusions, and lend to them a true food-value. With a little salt the whole forms a valuable drink-food, hot or cold. As a food, merely, the malt extracts possess no advantage over dry maltose. The malt extract is difficult to handle from its viscosity. A dry preparation is easily made into a sirup which will readily pour. Such a malt sirup is most pleasant with an aerated water, and can be iced if desired. A little sharpness can be given to it by a little lemon-juice or lime-juice; or, the sirup can be frozen into a nutritive ice. Where the pyrexia is not great, it is well to boil milk (one pint) and Mellin's Food (a tablespoonful) for an hour. Some of this with an aerated water is most palatable and nutritive. The body wastes in pyrexial disease, and often the lamp of life goes out for want of fuel. If no food be given, the sufferer sinks of inanition. If food be given, which requires digestion, when the digestive ferments are inert, the sufferer dies of starvation just the same. Death from hunger is the hard lot of each. Yes, and myriads perish annually, succumb to this horrible fate, with loving friends around them, anxious to be of service, and grudging no expense, while the medical man looks on complacently, and assures them that "every thing is being done," unconscious of the abominable falsehood he is uttering. The solemn farce goes on in hundreds of households annually, without a scintilla of suspicion being aroused as to the true state of affairs. It is something worse than homicide by misadventure.

What is required, is fuel-food in such form as not to require the action of the digestive ferments when these are powerless; the milk-sugar of milk, the maltose and dextrine of prepared foods, with water, and some blood-salts. In all fevers, in inflammatory conditions, in the acute gastric upsets which occur with delicate children and phthisical patients, in all gastric diseases, and in those conditions of gastric catarrh which follow upon obstruction in the pulmonary circulation, whether due to disease in the heart or lungs, liquid food containing a sufficiency of carbohydrates in soluble form is essential to life. There is no necessity to make the meat infusions too strong. When persons speak of the amount of meat used in the preparation of the beef-tea given to a certain person who has joined the majority, they do not know what pernicious nonsense they are talking, — pernicious because misleading. The food-value

of the beef-tea depends upon what is added to it. — J. MILNER FOTHERGILL, M.D., in *Hospital Gazette*.

SIMPLE SPHYGMOGRAPHS. — The sphygmographs, which show and record the rate and nature of the pulse-beat, are usually quite complicated and expensive instruments. In a recent number of "*La Nature*" two forms are illustrated which cost almost nothing, and for many purposes are equally useful with the more expensive ones.

The first form shows the rate and force of the pulse-beat to the eye, by the movements of a little flag attached to a wire spring. A piece of fine brass wire is soldered at one end to a little metal cup, — a thimble without a top, for example, — and is then bent into a spiral spring, with the straight end passing up through its centre, and provided at the extremity with a little paper flag. On pressing the instrument upon the wrist, over the artery, the pulse-beats will be transmitted to the spring; and the flag will make various movements, according to the condition of the pulse of the person experimented upon. If desired, it can easily be arranged so that, at each movement of the upright wire, it shall strike against another wire, and close an electric circuit, into which a telephone or electric bell may be introduced, thus rendering the beats perceptible to persons at a distance.

A still simpler sphygmograph consists of a small piece of looking-glass fastened to the wrist by a rubber band. A pencil of light, either natural or artificial, is allowed to fall upon the glass, and is reflected upon the ceiling, or a screen placed in any convenient position. By this means the pulsations are greatly magnified, and can be rendered visible to a large number of persons at once. This simple arrangement is especially well adapted for the use of lecturers. — *Popular Science News*.

THE REMOVAL OF A TUMOR OF THE SPINAL CORD. — The case of successful removal of a tumor of the spinal dura by Mr. Horsley and Dr. Gowers, has already been referred to in these columns. At a recent meeting of the Royal Medical and Surgical Society, the case was reported in full. The patient had had for four years a nearly constant pain under his shoulder-blade, with long fits of agony that maddened him. Paralytic symptoms also developed. A diagnosis of spinal tumor in the neighborhood of the fifth dorsal vertebra was made by Dr. Gowers. The spinal column was laid bare, and the spinous processes removed by a bone-forceps from the third to the sixth, inclusive. The ligaments were cut through, the dura mater slit open, and a tumor shelled out. The wound healed by first in-

tention, and the patient slowly but surely recovered. The operation was a difficult, brilliant, and epoch-making one. Mr. Horsley's researches into literature and museums showed, that, of fifty-seven similar cases, removal of the tumor was the only treatment, and that if it had been resorted to eighty per cent should have recovered, instead of which all died. — *Med. Record.*

A CASE OF INSOMNIA FROM PHIMOSIS, AND A COMPLETE CURE BY OPERATION. — Mrs. D. gave birth to child in January, 1886, — a well-developed boy of eight and a half pounds. Slept well for first two or three months. After this time the boy was very nervous and wakeful. Many different remedies were tried in vain. The boy would only sleep for an hour or so at a time, and would not average over three or four hours sleep in the twenty-four. The mother becoming very much worn from continuous care of her boy, I decided to make a thorough examination to find the cause, if possible, of his insomnia. In looking him over I discovered a phimosis. I at once decided upon an operation. The boy was now thirteen months old. The first night after operation the boy slept most of the night, and has slept well ever since, — a year or more having elapsed.

This is one only of several deep-seated troubles caused by this abnormality which the author has cured by operation, notably convulsions. Another one under observation is a boy of thirteen, who has always been peevish, poorly nourished, and stunted in growth, who, after operation, developed more rapidly, and became much healthier in every way.

In these hidden diseases of children, be sure there is no phimosis. — F. P. WARNER, M.D., in *Medical Times*.

ASPHALT PAVEMENTS, AND THE PUBLIC HEALTH. — The vapor of tar has been supposed to be beneficial in a number of disorders; but Dr. Edmund J. Mills, of the Glasgow Technical College, has written a short note on the injurious effects of tar vapors so copiously discharged on our streets while asphalt road-mending is going on. It is said that the injurious effects of these fumes is perfectly well known at tar-works, where the pitch is always cooled down in a closed chamber prior to casting in blocks. Casual inquiries have convinced him that the operations of road repair in Glasgow have been, during the last three weeks, the cause of a great deal of totally unnecessary illness, the leading symptoms of which are nausea and giddiness. He himself has been three times prostrated in this way, and has been thereby debarred from pursuing his ordinary professional work until these repairs cease. In view of the serious inconven-

ience from which many more must have suffered, it is to be hoped that the use of pitch in the future may be dispensed with, as the operation of road-mending can, if desired, be conducted without any offence whatever to the public health. — *British Medical Journal*; *American Practitioner*.

PAINLESS DESTRUCTION OF NÆVI. — A. B., aged two, suffering from a nævus the size of a shilling, behind the right ear, was on May 13, 1887, treated in the following manner for its removal. Having first painted the healthy skin around the circumference of the nævus, for about half an inch, with a coating of collodion flexile, a thick layer of a four-per-cent solution of corrosive sublimate was applied on collodion over the nævus. On the 25th, when the collodion was removed, the nævus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment; and my object in publishing this case is to draw attention to so simple, satisfactory, and painless a method of treatment. — *British Medical Journal*; *Mass. Medical Journal*.

CLEANING THE HANDS. — Dr. Vagel Eisleben says that he has noticed that coppersmiths, tinsmiths, etc., whose hands become covered with dirt from working in oxides and acids, which cannot be removed by ordinary means, first rub their hands with warm oil, and then, when this has thoroughly penetrated, with powdered borax. Subsequent washing with soap and water makes the hands perfectly clean. He advises those who have to use carbolic acid to go through the process above described first, and claims that in this way (1) disinfection is more thorough; (2) the hands are made purer than it is possible to make them by soap alone; (3) the hands remain soft and free from rough epidermic scales, and the odor of carbolic acid is destroyed; (4) the uncomfortable anæsthesia of the hands, after washing with carbolic acid, is avoided. — *Drug. Cir.*

TEST FOR PLUMBING. — The New-York Board of Health has led the way for other municipal authorities by adopting a mandatory test for plumbing. On and after July 1 the work under plans filed after that date must be tested by the plumber in the presence of the inspector, by means of an air-pump and pressure-gauge, in the same manner as the gas-pipe system of the building. This is claimed to be the most effective test possible, as the pressure is equal all over the building. The Department of Public Works will issue no permit for water for domestic uses until the certificate of the Health Department is presented. — *Medical News*.

PEPPERMINT WATER IN PRURITUS PUDENDI. — Routh ("British Medical Journal") finds no remedy so efficient as peppermint water, not excepting cocaine, in various forms of pruritus pudendi, including those due to pediculi, ascarides, an irritable urethral caruncle, an endocervical polypus, early cervical cancer, obstruction of Bartholini's ducts, and leucorrhœa from various causes. The greatest and most permanent relief is afforded in the neurosal form, especially in the reflex pruritus which often accompanies pregnancy, and which may take the place of reflex nausea or vomiting. The B. P. preparation of aqua menthæ piperitæ answers well, but it is incapable of concentration unless rendered alkaline, and it is scarcely portable. A solution of borax, which is itself soothing and antiseptic, is perhaps the best menstruum. Patients may make their own lotion by putting a teaspoonful of borax into a pint bottle of hot water, and adding to it m. v. of ol. menth. pip., and shaking well; the parts affected to be freely bathed with a soft sponge. — *Polyclinic*.

SOCIETIES.

THE NEW-HAVEN HOMŒOPATHIC MEDICAL SOCIETY.

THE New-Haven Homœopathic Medical Society assembled at the residence of Dr. C. B. Adams on Thursday evening, July 26. After the reading of the minutes of the preceding meeting by the Secretary, a very interesting paper was read by Dr. F. B. Kellogg, upon surgery, with particular reference to his and others' experience in hospital practice. He gave in detail reports of several cases satisfactorily operated upon by the use of cocaine, also an improved method of treating severe cases of burns, especially of the extremities, by the application of a preparation of iodoform. He would, however, advise surgeons generally to be somewhat cautious about its use upon denuded and granulating surfaces, other than those produced by burns. Another recent method was referred to, of operating upon cases of lacerated cervix uteri (called trachelorrhaphy), by the use of the suture tenaculum. A spirited debate followed, upon the clinical reports of the paper, particularly in regard to the use of cocaine in ordinary cases of minor surgery, etc. There were a good number of physicians who participated in the discussion, giving their experience in many similar cases. The meeting adjourned, to assemble again the last Thursday evening in August.

CHAS. VISHNO, M.D., *Secretary*.

REVIEWS AND NOTICES OF BOOKS.

THE ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY. By Frank P. Foster, M.D. Vol. I. New York: D. Appleton & Co., 1888. 752 pp.

Unqualified admiration must be freely accorded to a mind which willingly assumes so herculean a task as the construction of a new and encyclopædic dictionary of the technical terms employed by writers on medicine and the collateral sciences in the Latin, English, French, and German languages. Such a task has been assumed by Dr. Foster, and the first-fruits of his labors are here offered to the profession in a magnificent double-column quarto, which deals with the medical terms in the above-mentioned languages from A to Cacostomus; and we are promised, at no unreasonably remote date, the three remaining volumes in which the work will stand complete. It being obviously impossible that a work of this scope should issue from a single hand and brain, Dr. Foster has secured ample collaboration; and of the efficiency of his fellow-workers, their names alone, here following, bear ample testimony:—William C. Ayres, Edward B. Bronson, Charles Stedman Bull, Henry C. Coe, Andrew F. Currier, Alexander Duane, Simon H. Gage, Henry J. Garrigues, Charles B. Kelsey, Russell H. Nevins, Burt G. Wilder, with others whose names are given in connection with the articles they contribute.

The articles by these gentlemen are distinguished each by a designated letter, and other contributions by chosen signs. The work, thus planned, has already been under consideration by Dr. Foster for seven years. It will thus be seen that the work, when completed, will be wholly worthy of the high aim of its publishers.

The vocabulary includes all strictly medical terms that have become current at any period of our professional literature, together with those which have been recently introduced, whether or not these have as yet gained general currency. Words have not been omitted simply because they have become obsolete; experience having taught the likelihood of such terms coming unexpectedly into vogue again. Technical terms employed by writers on physics, botany, chemistry, and zoölogy, are to a generous extent included in the work; chemistry being especially favored, and justly so, when we consider the intimate relations which chemistry and pharmacy bear to medicine. The chemical notation followed is that devised by Dr. Duane; by which complicated formulæ are clearly and ingeniously ex-

pressed in the briefest possible space. The technical, popular, and commercial names of plants and vegetable drugs in English, French, and German, have been included, as well as the native names of plants and medicinal substances brought from various parts of the world where the above languages are not known. As one of the plans for economizing space, regularly formed genitives of Latin nouns of the first and second declensions have been omitted; and in giving the derivations of words, where several words of substantially the same origin follow each other in regular sequence, the derivation, as a rule, is given under one only, while a table of initial and terminal parts of words will be given at the end of the work. Webster is the accepted authority as regards the derivation, signification, and spelling of English words.

The diphthong in Latin-English nouns is for the most part retained, though less frequently so in the corresponding adjectives. In general, regard has been paid to etymology, when decision is made between two or more ways of spelling a word, though radical deviations from common usage are not insisted upon. *Aneurysm* is preferred to *aneurism*, *thyreoid* to *thyroid*, *lacrymation* to *lachrymation*, *rhachitis* to *rachitis*, and so on in many instances.

Something of the curt and severely utilitarian simplicity, which of late has been so much the fashion in medical orthography, is thus necessarily sacrificed, but, we venture to affirm, with distinct gain to a work of such classical dignity and assured permanence.

The scheme here employed for indicating the orthoepy of words is to be commended as highly intelligible and satisfactory. An improvement on Dunglison's work is the giving of the pronunciation of Latin words according to both the English and Roman methods; the latter appearing for the first time in a medical dictionary. The scheme gives the orthoepy of words belonging also to the English, French, German, Italian, Spanish, and Portuguese languages.

Frequent reference is made to articles which have appeared in prominent periodicals: thus, in the article defining Amenorrhœa, the sub-heading "**A. Functional**" refers to "The Lancet," Jan. 10, 1885, where an article on this subject of unusual value is to be found. The convenience and importance of this arrangement commend themselves at a glance. Cross-references are so abundant that no possible difficulty can arise in the searching out, however hurriedly, of any given term. Among the leading and longest definitions of the volume already issued are those on "*Agaricus*," ten columns; "*Arteries*," forty columns; "*Bacillus*," eighteen columns; and "*Bones*," seventeen columns.

Illustrations abound, and are of noteworthy excellence. As a whole, the volume is a magnificent instance of modern achievement and enterprise; and the completed work will easily take a leading place among the classics of medicine and the necessities of the physician. The price will be \$10 a volume in sheep, and \$11 in half morocco. It will be sold by subscription only.

A SYSTEM OF OBSTETRICS. By American authors. Edited by Barton Cooke Hirst, M.D. Volume I. Philadelphia: Lea Brothers & Co. pp. 808.

The work of which this is the initial volume is in conception and scope, and promises to be in execution, a worthy associate of the "American System of Gynecology," edited by Dr. M. D. Mann, the first volume of which has already been offered to, and favorably borne the criticism of the profession.

The volume before us opens with a concise but comprehensive sketch on "The History of Obstetrics," by George J. Engelmann, M.D., whose well-known work, "Labor among Primitive Peoples," reached its third edition several years ago, and whose ability to deal with this subject is unquestioned. While commenting upon the greatly reduced mortality now obtained in lying-in institutions, — less than one-half of one per cent in several large hospitals, — Dr. Engelmann concludes that mortality in normal labor in private practice is greater than in abnormal labor in *maternités*, although the difference is certainly not as large as he would seem to suggest. The reasons given for the difference are the neglect of prophylaxis and of the necessary antiseptic precautions in private practice. The dangers of the hospital are evident, and have been overcome; but those which lurk in the home sick-room are more occult, and hence are ignored. He urges that obstetric instruction in our schools is defective, and that greater study should be given to the management of normal labor.

The second article, on "The Physiology and Histology of Ovulation, Menstruation, and Fertilization: the Development of the Embryo," is by H. Newell Martin, F.R.S., M.D., of the Johns Hopkins University. It is one of the longest in the volume, and we unhesitatingly affirm it to be the most complete article on its subject to be found in any work on obstetrics in the English language. By some this subject may be looked upon as of scant practical worth; but it, beyond question, adds much to the completeness and scientific value of the work. It is true the author speaks, on p. 84, of the cilia of the lining epithelium of the uterus moving so as to drive liquids *from* the fundus *toward* the os; which is contrary to what is commonly taught, and contrary to what is found in the article which

follows his own, — "The Fœtus: its Physiology and Pathology," by the editor, Barton Cooke Hirst, M.D., who says on p. 202, "The cilia of the uterine epithelial cells work upward."

W. Wright Jaggard, A.M., M.D., contributes a very readable article of over a hundred and fifty pages on "Pregnancy: its Physiology, Pathology, Signs, and Differential Diagnosis." The next article, by Samuel C. Busey, M.D., "The Conduct of Labor, and the Management of the Puerperal State," is an essentially practical one. The A. C. E. mixture is recommended as an anæsthetic, and the suggestions concerning antisepsis should go far to satisfy Dr. Engelmann that proper care during labor *is* bestowed upon cases by some private practitioners at least. Other subjects, such as the binder, the prevention of lacerations, the vaginal douche, artificial lactation, etc., are discussed from the stand-point both of theory and practice. The following contribution, "On the Mechanism of Labor, and the Treatment of Labor based on the Mechanism," by R. A. F. Penrose, M.D., LL.D., represents the accoucheur militant, as one may say. Positiveness of statement and vividness of description are characteristic of the article. Six positions at the superior strait are preferred by the author to the usual four. The whole matter he justly considers "arbitrary;" but the older method commends itself over the more elaborate, especially to students, by its greater simplicity. In the chapter on face presentations we are told that the most common position is the "second, the chin to the *right anterior inclined plane*," or the *right mento-anterior*. "This we would naturally infer when we bear in mind that a left occipito-anterior position of the vertex — the common position in vertex presentations — would be converted by uterine obliquity into a face presentation, with the chin looking to the right side of the pelvis" (p. 594). There is something confusing and contradictory about this paragraph, for the occipito left anterior, "first" and "most common" vertex position of most authors, is convertible only into a *mento right posterior* position. There is a bewildering exhibition of "individuality" in the naming of positions. Numerals long ago acknowledged their inability to meet the requirements of authors: for instance, the "*third* vertex position" of Professor Penrose (also called the "sacro-pubic" (p. 574) and "occipito-pubic" (p. 586), the former being, doubtless, a typographical error) would not be acknowledged as such by other authors. Symbols likewise seem to be productive of enigmas: for instance, the R. O. A. P. (*right* occipito-anterior position) of Barnes is the L. O. A. (occipito *left* anterior) of most other authors; this being due apparently to the fact that Barnes considers the occiput to be in the *right* oblique diameter of the pelvic inlet. If he could persuade himself to agree with Charpentier, for instance,

and consider the right oblique diameter to run from the *right* ilio-pectineal eminence to the *left* sacro-iliac synchondrosis, his symbols would be more nearly in harmony with those of other authors. These disagreements might be avoided if obstetricians would unite upon the nomenclature of a few primary points. Professor Penrose's well-known views on the treatment of face presentations are to be found concisely stated in his article.

An excellent historical and rational article by J. C. Reeve, M.D., on "The Use of Anæsthetics in Labor," comes next in sequence; and a contribution by Theophilus Parvin, M.D., LL.D., on "Anomalies of the Forces in Labor," concludes the volume.

Of the book as a whole, one is justified in speaking with unmeasured praise; and the publishers, by it, add to the long-outstanding debt owed them by the profession.

PTOMAINES AND LEUCOMAINES; OR, THE PUTREFACTIVE AND PHYSIOLOGICAL ALKALOIDS. By Victor C. Vaughan, Ph.D., M.D., and Frederick G. Novy, M.S. Philadelphia: Lea Brothers & Co. pp. 316.

Those who have kept *au courant* with the periodical medical literature of the past few years have noted the increasing frequency in the use of the terms which form the title of this little work. Doubtless, however, there are many who entertain but the most nebulous ideas concerning these results of putrefactive changes, and tissue metabolism. As a result of extensive research, these chemical compounds are assuming an importance which renders a knowledge of them a necessity not to be slighted. The authors of this interesting book have acted the part of benefactors to the majority of the profession in thus collating the available knowledge on this important subject. Their work has been thorough, as reference to the complete "bibliography" which forms the concluding chapter of the book abundantly testifies. The work tells what ptomaines and leucomaines are; gives their chemistry as far as known; tells how they may be experimentally obtained; shows their importance to the toxicologist and pathologist; discusses the vital question, "How germs induce disease;" besides describing the foods containing poisonous ptomaines, and giving, more or less in detail, numerous cases of poisoning, and a complete historical sketch of the discovery of, investigations into, and experiments with, these alkaloids.

The book may be taken as an excellent example of what chemistry can do towards unravelling some of the intricate problems of medicine; tells much of importance in a condensed and readable form, and should be familiar to every progressive practitioner.

THE "Midsummer" CENTURY for August has a fine portrait of George Kennan of Siberian fame, and a sketch of that gentleman so florid in praise as to be, one would think, somewhat embarrassing reading for him. Mr. Kennan himself has a paper on "My Meeting with the Political Exiles," which is admirably simple and forcible. The Life of Lincoln deals with war-history in Kentucky and Tennessee. The most noteworthy essay is Lyman Abbott's on "The Pulpit of To-Day." Johnson has one of his well-known and somewhat exasperatingly pointless Georgian dialect stories; and there are several bits of very musical verse. New York: The Century Company.

THE August POPULAR SCIENCE MONTHLY has several papers of quite unusual interest, prominent among them one on "The Future of the Negro," and another on "Teaching Physiology in the Public Schools;" the strictures of which latter article are abundantly justified by the absurd notions obtaining in the minds of many children who have received such instruction. Dr. Hill has a bright little contribution on "The Parlor-Game Cure;" Mr. Buckland tells very interestingly "Something about Snakes;" and among the other contributors are Professor Haberlandt and Professor Jordan. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

- PHYSIOLOGICAL MATERIA MEDICA, containing all that is known of the Physiological Action of our Remedies, together with their Characteristic Indications and Pharmacology. By William H. Burt, M.D. Fourth edition. Chicago: Gross & Delbridge.
- HOMŒOPATHY IN VENEREAL DISEASES. By Stephen Yeldham, L.R.C.P., M.R.C.S. Fourth edition, edited, with additions by Henry Wheeler, L.R.C.P., M.R.C.S. London: E. Gould & Son. New York: Boericke & Tafel.
- MICROSCOPICAL DIAGNOSIS. By Charles H. Stowell, M.D., and Louisa Reed Stowell, M.S. Detroit: George S. Davis.
- A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES, INCLUDING DIAGNOSIS, PROGNOSIS, AND TREATMENT. By Robert W. Taylor, A.M., M.D. Parts I. and II. Philadelphia: Lea Brothers & Co.
- ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. Fascicle VI. New York: William Wood & Co.
- TRAUMATIC INSANITIES AND TRAUMATIC RECOVERIES. By Selden H. Talcott, A.M., M.D., Ph.D. Reprint from "The American Journal of Insanity."
- RECTAL INSUFFLATION OF HYDROGEN GAS, AN INFALLIBLE TEST IN THE DIAGNOSIS OF VISCERAL INJURIES OF THE GASTRO-INTESTINAL CANAL IN PENETRATING WOUNDS OF THE ABDOMEN. By N. Senn, M.D., Ph.D. Reprint from the "Journal of the American Medical Association."
- CAMP HYGIENE. By the State Board of Health of Pennsylvania.
- CONSERVATISM IN GYNÆCOLOGY. By A. Reeves Jackson, A.M., M.D. Reprint from "The Chicago Medical Journal and Examiner."
- THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels. By James B. Bell, M.D. Third edition. Philadelphia: F. E. Boericke.

MISCELLANY.

TAKING IT PHILOSOPHICALLY. — "Mawnin', Brudder Smif! How's all the fokes wid you?"

"Dey is all well, bress Moses! One ob de chilluns was aillin' yisterday, but hit died jurin' the night." — *Siftings*.

"REUBEN," said Mrs. Stubbs, laying down the evening paper, "what is meant by optimism?" — "Optimism?" — "Yes. The paper says that optimism is not a characteristic of the modern age."

"Optimism, Hannah, is a disease of the eye; an' you'll git it, the fust thing you know, if you keep on a-readin' that fine print." — *Investigator*.

THE feeling which physicians have, that fees for treating venereal diseases should be ample, and should be promptly paid, is a justifiable one. It is impossible to regard the man sick from an expensive debauch, with exactly the same feelings as we do the man who gets ill while working for the support of his family. The sexual passion is normal, but man distinguishes himself from the brute by controlling it. — *Med. Record*.

BILL NYE, the humorist, sent the following brief despatch, in reply to an invitation to attend the recent banquet of the Indiana State Medical Society: "Sorry I cannot be there. May you and your associates continue to *take life* easily, as heretofore." — *Indianapolis Medical Journal*.

QUININE AND THE TARIFF. — In 1878, when there was a twenty per cent *ad valorem* duty on quinine, 196,475 ounces were imported, for which the price was about \$2.83 per ounce, and for which consequently we paid about half a million dollars. Last year we imported nearly five million ounces, for which we paid foreign manufacturers only about 73½ cents per ounce, or in all about \$4,000,000. The decrease in price is due in part, of course, to the increase in supply from the increased culture of cinchona trees.

We are not so sure that cheap quinine is such an unalloyed blessing. It has come about that nearly every family now has its quinine bottle, that it is sold at many general stores, and that the doctor rarely meets an invalid who has not been thoroughly dosed with quinine.

The drug, when taken continuously or excessively, is an injurious one; and its therapeutic value is greatly exaggerated in the popular mind. The value of quinine in "colds," bronchitis, ephemeral fevers, anorexia, general malaise, and various other minor ills, is most problematical. — *Medical Record*.

BETWEEN PHYSICIANS. — *First Doctor*. "My patients never find any fault with me."

Second Doctor. "They never have a chance on this earth." — *Cincinnati Lancet-Clinic*.

HYPNOTISM CONDEMNED. — The committee charged by the Belgian Academy of Medicine to report on the dangers of public experiments in hypnotism has come to the conclusion that they are dangerous both morally and physically, and recommends the prohibition of them. — *Albany Medical Annals*.

LITTLE lad to Chemist: "Please, sir, gie me a pen'orth o' Epsom salts." As the chemist weighs out the medicine, the lad pathetically observes, "Don't give me full weight, sir, as I've to take 'em myself!" — *Chemist and Druggist*.

POISONING BY KEROSENE. — I was called on June 29 to see a child, eleven months old, who had swallowed an unknown quantity of kerosene. I arrived about ten minutes after the accident had occurred, and found the little patient in the following condition: There was drowsiness, which was on the increase, and she was feverish; pulse, 150, weak; respiration, 40; face and neck covered with perspiration, extremities cold. Her mother, when the accident occurred, hearing her cry, ran to her help, and found her in a very cyanotic condition, with kerosene vapor coming from her mouth; all she did was to sprinkle water in her face. Upon my arrival I immediately administered all the milk she could drink, and then

wine of ipecac, which in five minutes brought on vomiting. On the vomited matter could be easily seen the kerosene floating on the top like fat globules in a soup-dish. Before leaving, I told the mother to give her all the milk she could drink, and also to give her castor-oil. Next morning the mother told me that the child had had one movement of the bowels in the morning, but neither that nor the urine which was passed all right had any odor of kerosene. She had been very restless during the night, coughed some, and moaning between times. At noon the fever was high, 104° F. in the axilla; pulse weak, 150; still in a drowsy condition. In the evening of the same day the patient was nearly without fever, and looking bright, and the next morning she was perfectly well. I think this is worthy of being recorded, as I have never heard nor read of a case of kerosene-poisoning in so young a child. — *K. A. Norderling, M.D., Rockford, Ill.; Medical Record.*

PERSONAL AND NEWS ITEMS.

DR. W. E. FELLOWS has returned from Europe, and resumed practice at Skowhegan, Me.

DR. H. P. BELLOWS is spending a short vacation abroad. He will return on the "City of New York" about Sept. 12.

MARY K. GALE, M.D., has removed to No. 10 Columbus Square, Boston. Her office hours will be from 7.30 to 9 A.M. and from 2 to 4 P.M.

THE semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in Syracuse, Sept. 11 and 12. The prospects for an enjoyable and profitable meeting are most excellent.

The president, William Tod Helmuth, M.D., of New York, will preside, and a large attendance is confidently expected. Particulars will be given in the circular, which will be issued about the 1st of September.

HERBERT M. DAYFOOT, M.D., *Secretary.*

A PHYSICIAN desiring an office on Boylston Street, for two or three hours a day, for \$250 to \$350 per year, can hear of a fine opportunity by addressing C., 136 Boylston Street, Boston.

THE Westborough Insane Hospital was built to accommodate four hundred patients. On the last of July there were four hundred and twenty-four patients in the hospital. Although well filled, there is always room for one more patient.

DR. HORACE PACKARD has removed from corner West Concord and Washington Streets to No. 295 West Chester Park, nearly opposite Storage Warehouse. His office hours will be from 2 to 4 P.M. His attention is given to general and gynecological surgery exclusively.

DR. ARTHUR V. MEIGS of Philadelphia, physician to the Pennsylvania Hospital and to the Children's Hospital, author of "Milk Analysis and Infant Feeding," says in a paper on "Dietetic Management of the Summer Diarrhœa of Infants," published in the Philadelphia "Medical News," July 7, 1888: "Of all the baby-foods that are manufactured, the only one that has given me such results as to encourage me to persevere in its use for any great length of time, and to recommend it extensively, is Mellin's Food."

WELLS, RICHARDSON & CO. — *Gentlemen:* I have been using for some time your Lactated Food, and with great satisfaction. D. HAYES AGNEW, M.D.

THE
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EDITORIAL.

• THE HEROIC IN MEDICINE.

LATELY in literature and always in life, it is the commonplace, the obvious, which thrusts itself upon the attention, while the ideal is sometimes so far withdrawn and so long silent that we fancy it has ceased to be. This, which is true of all the relations of life and of all the labors of life, is true of the work of the medical profession. With however sincerely high aims he may enter the lists of medicine, — and alas for him who does not at the outset, at least, “aim at a star”! — the physician will find himself, with the lapsing years, tending more and more to become the medical tradesman. The *pot au feu* must be kept boiling; the branch of medicine with which he has allied himself must be defended against the enmity of the branches which are of differing opinion; the pessimism which darkens his thought, as he contrasts the “petty done with the undone vast,” in the scientific side of medicine, and sees the bigotries of power and the impudence of charlatanism on its ethical side, must be subdued to the resolute cheerfulness in which he can alone do effective work. The “seamy side” of the loom is always before his eyes; his faith that there is another side, on which is being woven a noble pattern, is sometimes sorely tried. In such moments, the contemplation of what from the beginning has always been the heroic side of medical work, is a spiritual tonic

of priceless value. Something heroic, if one will but see it so, is in the very warp and woof of the physician's every-day existence. More than any other but the priest's, his life is at the daily call of his fellows. He may know that the nervous strain which in moments of stress robs him of food and sleep will revenge itself to his bitter cost, sooner or later; but it never occurs to him to put such strain aside. He may know that the case on which he is spending hours of his deepest thought and subtlest skill, will never make him a dollar richer; but this knowledge, which would weigh so heavily with the tradesman, is to him a thing of naught. Surely in a profession where these facts are of every day, the heroic element is not far to seek, and should not, remembered, be slow to yield inspiration.

But apart from these heroisms of every day, there are hours when our profession rises, in heroic possibility, level with the highest; and such hours it is good for us all to realize and dwell on. Such hours are being spent to-day in the plague-stricken South, by workers to whom, irrespective of medical creed, it is our duty to do honor, and to bid God-speed. We glory in the soldier who at word of command flings his life against the enemy's guns; but we should glory more in the hero who risks his life hourly, momentarily, for his suffering fellows' sake. No military hero who ever shone from the pages of war is more truly a hero than the men who, with no thrilling inspiration of flag and cheer and ringing bugle, face an enemy far more deadly than crashing cannon. There is something very moving and very splendid in the courage which moves undaunted through the horrors that hold sway in Jacksonville to-day; under a sky like brass seven times heated; through an atmosphere of the sickening hopelessness which more than pain saps the very sources of strength and courage; conscious that at any hour the physician may lie as the ghastly figures of his patients are lying; and the fact that so many of our professional brothers are to-day exhibiting this courage, should make us glory in bearing, with them, the name of physician. Verily, they, in the strenuous words of Carlyle, are "doing a man's part in this life-pilgrimage of theirs." As, in these times of national peace, the artillery or infantry officers at some safe and sleepy Eastern post must sometimes think with a thrill of admiration and almost envy of the cavalry-

man on the fighting frontier ; as the clergyman of the comfortable city parish must feel, sometimes, the nobler possibilities of his profession to be embodied, not in him, but in his missionary brother who risks daily his life for the truths he holds dear,—so we, in the daily routine of our work, must look to those fellow-workers of ours, down in the very hot-pit of disease, with a sense of gratitude for the inspiration of such fellowship.

It is not to be forgotten that one, at least, of these noble workers has paid the penalty—or should one say won the reward?—of his courage ; and sleeps where, as truly as ever soldier, he fell fighting. We need not hold the same medical creed, to honor him, and mourn that the profession has lost one so alive to its noblest possibilities. Truly such as he may say, with the Welshman of old,—

“ God gave me a hard day’s work ;
But I did not shirk.”

EDITORIAL NOTES AND COMMENTS.

A BRILLIANT CONTRIBUTION TO THE MUCH-MOOTED QUESTION OF SEX IN BRAIN was the paper on this subject read by Miss Helen Gardener of New York City, before the Woman’s Council held in Washington in the spring of the present year. This paper has, as it emphatically deserves, already been widely quoted and commented upon ; but lest any of our readers should have failed to chance upon its cogent arguments, we are here moved to present a few of them, necessarily briefly and in suggestion only. Miss Gardener’s paper is largely a reply to those written in recent years by Dr. William A. Hammond, the Achilles of that party in the profession which attacks the intellectual advancement of women from a *soi-disant* scientific standpoint. Dr. Hammond’s favorite arguments, as devoutly quoted by his journalistic and other adherents, are :

I. “That woman’s brain is inferior to man’s in size and quality, and therefore in possibility.”

To which Miss Gardener replies that according to Dr. Hammond’s own admission in his published writings, “the relative

size and weight of the brain in the sexes is about the same," even slightly in woman's favor. And if "absolute brain-weight," as he elsewhere claims, be reckoned the "sublime test," Miss Gardener triumphantly points out that "the elephant could out-think any of us; and the whale would rank the greatest man on record, and have brain enough left to furnish material for a fair-sized female seminary."

II. Dr. Hammond claims that the marks of inferiority distinguishable in a woman's brain are "natural, potential, and not produced by environment."

If this be the case, says Miss Gardener, then these differences must be as observable in the case of infants of different sex, as in that of adults. She demands to know if an examination of the brains of fifty male infants could be found to reveal any marks going to prove superiority over the brains of fifty female infants of like age and weight. The test is obviously a fair one, and would, if difference in sex, apart from "environment, opportunity, and educational development," means difference in brain, prove this point irrefutably. No anatomist, in the present stage of our knowledge, would lend his assent to even the conjectural probability of such difference being existent and distinguishable.

III. "There are differences easily recognizable in the brain mass itself," announces Dr. Hammond. This assertion Miss Gardener meets with a simple denial, enforced by reference to the offer, which she publicly made to Dr. Hammond, of sending him twenty well-preserved brains marked in cipher, and challenging him to classify them according to sex. "Up to date," she significantly adds, "the twenty brains have not been called for."

Other points of the subject are treated in this really remarkable paper, with equal cogency and acumen. Miss Gardener shows, for instance, that no difference in the brain-weight of man and woman has ever been proved so striking as the like difference not only between man and man, but between men of equal though different ability, there being a difference of 487 grms. between the weight of Byron's brain and Dante's, in favor of the former: so that this time-honored argument proves either nothing or too much. Another admirably original argument

is that "man," in these discussions, is represented by the brains of Gambetta, Cuvier, Cromwell; and "woman" by "hospital subjects, and tramps, and such unfortunates as fall into the hands of the profession as it were by mere accident." Obviously, just parallels, if reached at all by such means, can only be reached by weighing the brains of a Napoleon or a Shakespeare against those of an Elizabeth Tudor or a George Eliot. And it is a remarkable fact that "the brain of no celebrated woman has ever been examined."

As a whole, Miss Gardener's paper is perhaps the most conclusive contribution that has ever been made to the literature of the subject, and its facts and conclusions cannot be too widely disseminated. It remains as yet unanswered. In the picturesque phrase of our esteemed contemporary "The Physician's and Surgeon's Investigator," it would seem that "this young woman has bearded the lion in his den, and apparently caused him to draw the den in after him."

THE WILDLY IMPOSSIBLE PROVINGS against which all that is scientific in modern homœopathy is waging irreconcilable war, but which, despite reason and common-sense, still occasionally find their way into our long-suffering materia medica, are well instanced by a brief article headed, "An Involuntary Proving of *Lac Caninum*," appearing in a recent issue of the "Homœopathic Physician." Because this "involuntary proving," reported with all gravity and credulity, is so very flagrant an instance of so very nonsensical and mischievous a tendency, it seems worth the while to call attention to it, if only as a warning to the young wanderer among exalted pathogenetic impossibilities, of the direction whither he may be tending. The author, then, of this surprising paper, reports, that, being called upon to prescribe for a case of hay-fever, he prescribed *lac caninum* c. m. The patient, "a widow, small, petite," — the use of the two exactly synonymous adjectives would seem to signalize her as uncommonly diminutive, by the way, — developed, for a week thereafter, a train of symptoms, every one of which, with a *naïveté* which betters imagination, is unhesitatingly credited to the drug (*sic*) administered; nor even the possibility of their

originating from any other source remotely hinted at. The reader will please remember that the patient presented herself for treatment as suffering "from hay-fever, the premonitory symptoms of which were beginning to develop;" and then will please weigh carefully the following symptoms of which she complained immediately after the consultation, and then will please hold reckoning with himself on the medical fanaticism which goes afield from the diagnosis of hay-fever to which most of them so exactly and irrefutably belong, and for which the patient had confessedly sought treatment, to seek their origin in a dose of the c. m. of *lac caninum*!

"Irritable and cross, wanted to 'pulverize' her physician for making her sick. Headache commencing in occiput (third day) and extending to vertex and forehead; throbbing in forehead and temples, finally settling in eyes; eyes very sensitive to light during headache; eyeballs sore and painful, pains extending deep back into the brain with the headache. Headache commencing all over head at once (second day) in the morning, a dull, heavy, confused feeling in head all day, becoming a severe ache toward evening, and settling in eyes and temples. Headache worse from motion and stooping; better from cold applications. Swelling and inflammation of upper and lower lids of both eyes, the left the worst. Tired feeling in eyes, considerable lachrymation — both eyes — redness of conjunctiva, eyeball sore, aching and painful; pains extending deep back into head, with headache; pains in eyes better from cold (wet) applications; eyes sensitive to artificial light; discharge of clear white mucus from nose, and sneezing; earache the first time in her life on right side; aching deep in the ear, worse from cold air; had to keep ear covered all the time; pain in ear better by pressure with the point of the finger in meatus; external ear sore and painful; soreness and swelling on right side from ear down side of face in the region of parotid gland and angle of lower jaw; swelling and soreness of glands at angle of lower jaw, right side; soreness extending from right ear down side of neck to right shoulder, painful when turning the head; gums, upper and lower, very sore and red; tongue coated white, breath offensive; sensation of a hair in back part of mouth on right side, which she tried ineffectually to wipe away; profuse expectoration of saliva."

Following these, come an equally long train of throat symptoms, which, though not as thoroughly and unmistakably typical of hay-fever as are most of the symptoms given above, are yet of not infrequent occurrence in connection with it. And that nothing may be wanting to the delirious absurdity of the "proving," the author's inimitably complacent last words are:

"I consider it a good proving. *By comparison with Swan's Mat. Med., it will be seen that some of the symptoms have never been produced in any previous proving.*" The italics are ours. We italicize that none of our readers may, by unlucky chance, miss the delightful drollery of the fact that symptoms which wholly belong to the disease for which the patient sought treatment, and "have never been produced in any previous proving" of the so-called "drug" administered, are yet, in this midsummer madness, claimed as a result of the administration of the "drug," and not of the natural progress of the disease.

Dearly beloved brethren, is not, as witness the above, homœopathy in daily peril, "not," as Uncle Esek puts it, "from knowing too little, but from knowing so many things that aren't so"?

THE TERM "PHYSIOLOGICAL ACTION" as applied to drugs is so evident a misnomer, that it seems matter for regret that no energetic and concerted effort has been made by lovers of exact nomenclature, to replace it by the term "pathogenetic action," which perfectly expresses what the former phrase conveys by conventional usage only. The "London Lancet," in a recent article, supports the use of the older, conventionalized term as "worth retaining," and condemns as "pedantic" the search for a more exact substitute. But even the Medical Thunderer is not infallible, and its Jove-like wisdom surely nodded when it upheld, in this single instance, a lazy acquiescence in the incorrect. That "physiological action," used in connection with drugs, is highly incorrect, it takes no pedant to acknowledge. Indeed, it is almost a clear case of *lucus a non lucendo*; "physiological" relating solely to the normal performance of natural bodily functions, and the "physiological action of drugs," as now employed, being set to mean their individual power of disturbing the performance of normal natural function. The just and commendable tendency of modern reform in medical nomenclature is to fit as exactly as possible term to fact: a procedure which demands a more extended "first study," but repays it by doing away with after confusion of thought. Because a thing has been, is no reason whatever why

it should continue to be, else would Galileo be mistaken, and the world stand still. It is not even as if, in casting away this obviously wrong phrase, we must grope about for the chance of a better. "Pathogenetic action" is a term ready to our hand, correct etymologically, clearly fitted to the fact to be expressed. There is no discoverable reason why we, as homœopaths, should not adopt it invariably, and as a matter of course, and so show ourselves reformers and leaders of the van in this, as in so much else relating to medical phraseology as well as medical fact. It is fairly certain that in the course of some score of years, some allopathic medical Columbus would "discover" and adopt the term, as such gentlemen, daringly inclined, have already done us the honor to "discover" from time to time the permanent and amazing usefulness of medicines employed as such by homœopathy for a hundred years or so.

COMMUNICATIONS.

*THE DOSES OF DRUGS AND MEDICINES.*¹

BY JOHN W. HAYWARD, M.D.

IN medical language, when speaking of doses, we of course mean doses of medicines, drugs and poisons. And by doses we mean the quantities that are required to produce effects on the body, whether the body be at the time in a state of disease or a state of health.

It will, however, be well at the outset to define what we understand by the terms "medicines" and "drugs." For the sake of making a distinction, then, let us, in the mean time, restrict the term "medicine" to substances used to cure diseases, or rather to assist nature to recover health, that is, to regain her normal condition; and let us recognize by the name of "drugs" substances that, when taken into a healthy body, derange its healthy working, and induce a state that is not health, in other words, one that is morbid; substances, that is, that are less or more poisons; substances that produce physiological effects on healthy organs. This definitizing of our ideas will make any discussion of the subject more likely to be profitable.

¹ Read before a meeting of medical men held at the Hahnemann Hospital, Liverpool, July 19, 1888. Reprinted from the *Monthly Homœopathic Review*, September, 1888.

The above-named two classes — medicines and drugs — will, I think, include all the substances that do act on the body in such a way as to be of interest to the medical profession ; that is, all substances which, as physicians, we have to do with.

It may, however, be pertinent to ask if we are all agreed that there are such substances as medicines in the way we have now defined the term ; that is, substances that really cure diseases ?

For my own part, I think there are ; for instance, *nitrite of amyl*, *nitrite of sodium*, and *nitro-glycerine* are really curative in some cases of angina pectoris ; they are therefore, in this disease, medicines in the sense to which we have restricted the term, — they are “ medicines ” properly so called, for they cure the disease, at least the present attack of it. So, in like manner, *quinine* is a medicine in some cases of ague and of neuralgia, because it cures them ; and so is *mercury* in some cases of syphilis, and *iodide of potassium* in other cases ; so is *arsenic* in some cases of skin-disease ; *colchicum* in some cases of gout ; *aconite* in some cases of rheumatism ; *copaiba* in some cases of gonorrhœa ; *potassium permanganate* in some cases of amenorrhœa ; *digitalis* and *strophanthus* in some cases of palpitation and cardiac dropsy ; *hyoscyamia* in some cases of mania ; *opium* in some cases of delirium tremens, and *digitalis* in others ; *bismuth* in some cases of gastralgia ; *bromide of potassium* in some cases of epilepsy ; *jaborandi* and *muscarin* in some cases of excessive sweating, as in phthisis ; *nitrite of amyl* in some cases of flushings, and *aconite* in others ; *terebinth* in some cases of hæmaturia, and *cantharides* in others ; *belladonna* in some cases of strangury, and *cantharides* in others ; *corrosive sublimate* in some cases of dysentery ; *ipêcacuanha* wine in some cases of vomiting, and *liquor arsenicalis* in others ; *belladonna* in some cases of scarlatina, in some sore throats, and some headaches ; *aconite* in some kinds of fever ; *sulphuret of calcium* in some cases of suppuration ; and so on with many other substances in many other morbid conditions. This list seems a long one, but it does not nearly exhaust the instances furnished by Drs. Brunton, Ringer and Phillips, to say nothing of Bartholow, Wood, and other recent writers on *Materia Medica*.

Such, then, being the definition of medicines, viz., substances used for the cure of morbid states, it would appear that the term “ medicine ” excludes all substances used for other purposes, or that act otherwise than to cure disease. The term will, of course, exclude all poisons ; indeed, all substances that act injuriously on the body or any part of it. Now, we have already agreed to call all such substances drugs : at least, if we have not, let us do so now ; that is, let us recognize under the term “ drugs ” (to distinguish them from medicines properly so-called)

all substances which, when taken into a healthy body, derange its healthy working, and induce a state that is not health, in other words, a state that is less or more one of disease; just like a speck of dust or grain of sand in a watch, — making it work too slowly, or too fast, or irregularly. This morbid state may be only transitory and very slight, but so far as it is a deviation from normal — as far as it is *abnormal* — so far it is morbid or disease. It may be only a slight headache, or shivering, or feverishness, or nausea, or vomiting, or diarrhœa, or colic, or strangury; still, so far as it is abnormal, so far it is disease.

Now, that there are substances that will operate on healthy bodies, and produce morbid states, we must, I think, all admit; for instance, *alcohol, morphia, atropine, aconitine, strychnine, arsenic, lead, colchicum, digitalis, opium, cantharides, iodine, phosphorus, mercury, tartar emetic*, and many others with which we are all familiar; any of these will derange the healthy action of the body, and produce a morbid state.

Of course, if a part or organ is already quite normal or healthy, a drug administered cannot make it more normal or healthy. So, if it does any thing at all — if it alters at all the condition of a healthy part — it must alter it from health toward disease: that is, it must produce a morbid state of that part or organ. As already said, this morbid state may be only transient and only slight, but so far as it goes it is morbid, — it is disease. If a person in health takes a quantity of *alcohol*, for instance, his mind becomes deranged, he becomes delirious and talks nonsense, his muscles are made morbid, and he staggers and falls; or if a person takes a quantity of *belladonna* or *hyoscyamus*, he becomes delirious, perhaps maniacal; if he takes a quantity of *mercury*, his mouth becomes sore, his gums swollen and tender, his breath offensive, and saliva runs out of his mouth; if he takes *ipêcacuanha* or *tartar emetic*, his stomach becomes upset and he vomits, he loses his appetite, and feels limp all over; if he takes *julap, aloes*, or *castor oil*, his bowels become upset, and he gets diarrhœa and colic; and so on with other drugs.

Drugs, then, are substances that act on healthy bodies, or healthy parts, to derange them; whilst medicines are substances that act on diseased bodies or parts to cause them to return to a state of health. The same substance may, however, be a drug at one time and a medicine at another; that is, it will be a drug or a medicine according to whether it is given to persons in health or to persons suffering under disease; or whether it acts on parts that are healthy, or on parts that are in a state of disease. For instance, *nitrite of amyl* is a drug when given to persons in health, because it then produces flushings and congestion of the head and face, as Dr. Brunton has shown; but it

is a medicine when given to a person already suffering under flushings and congestion of head and face, for it then rapidly causes these symptoms to subside, as Drs. Brunton, Ringer, Murrell, and others have shown. *Nitro-glycerine* is a drug when given to persons in health, for it then immediately produces a severe throbbing headache, as was demonstrated (amongst others) by Mr. Field, then of Brighton ; but it is a medicine when given to a person already suffering with throbbing headache, for it then rapidly cures the headache, as Drs. Hammond, Brunton, and Ringer and others have shown. So *strophanthus* is a drug when given to healthy persons, because it then brings on palpitation of the heart, — as Dr. Fraser has shown ; but when given to a person with palpitation it will sometimes immediately calm the action of the heart, as the same experimenter has abundantly proved, and he is in this supported by Dr. Brunton and others. So with *jaborandi*, which Dr. Ringer has proved both produces and cures excessive sweating ; so with *atropine* and *hyoscyamine*, which will both produce and cure mania ; and, according to Hippocrates, so will *hellebore* ; so with *ipacacuanha* and vomiting ; *mercury* and salivation ; *corrosive sublimate* and dysentery ; *arsenic* and gastritis ; *cantharides* and strangury ; *terebinth* and hæmaturia ; *bromide of potassium* and acne ; and so with *castor oil*, *rhubarb*, *jalap*, *podophyllum*, and other purgatives and diarrhœa, — and so with many other substances, — they will either produce or cure, according to whether they are given to persons in health or to persons in disease.

So far, then, as to drugs and medicines.

Now as to *doses*. Well, I need not say to scientific men that it would not be reasonable to suppose that the dose would be the same in both cases, — that it should be the same, whether a substance were used as a poison or as a medicine ; that is, to produce a morbid state, or to cure one ; at any rate, if the substance were given to cure a disease very similar to the one it produces, — that the dose of *nitro-glycerine*, for instance, should be the same, when given with the object of producing its throbbing headache as a physiological experiment, and when given with the object of curing a throbbing headache when occurring in a patient ; moreover, Drs. Ringer and Brunton have demonstrated that it must be considerably less. So with *strophanthus*. Dr. Fraser has shown conclusively that the proper dose to cure irregular action of the heart is much less than that required to produce it ; and in this he is supported by Dr. Brunton. Knowing the action of *strophanthus* on the heart, who, indeed, would venture to give the same doses ? So with *jaborandi* and *muscarin* and excessive sweating ; Drs. Ringer and Murrell have shown that the

dose to cure must be considerably less than the one required to produce it. So with *ipecacuanha* and *tartar emetic* and vomiting; *mercury* and salivation; *corrosive sublimate* and dysentery; *cantharides* and strangury; *bromide of potassium* and acne; and so with *castor oil*, *rhubarb*, and other purgatives, and diarrhœa, the dose must be considerably less than that required to produce these morbid states; indeed, who would venture to give physiological doses in these cases? Who would venture to give the usual \mathfrak{m} viii. doses of *liq. arsenicalis* in a case of gastritis, or the usual gr. xx. dose of *ipecacuanha* in the case of vomiting, the usual gr. iij. dose of *aloes* in dysentery, or the usual \mathfrak{m} x. dose of *tincture of cantharides* in strangury?

Reason alone would prohibit such practice, and suggest that the dose for cure must be considerably less than the dose that will produce the symptoms. Whether or not it be accepted that a drug that will produce a certain morbid state will cure a similar state when occurring in a patient, reason and common sense would demand that if it were so, the dose given to the person suffering with the morbid state similar to the effects of the drug, must certainly be at least smaller than that required to produce the morbid state. How much smaller, however, must be entirely a matter of experience, just as are the doses required to produce the morbid states, or so-called physiological effects.

I show here, of a few drugs, the doses—as given in the British Pharmacopœia,—that are required to produce certain effects, certain morbid states, the effects for the production of which these drugs are usually given.

EMETICS.		CATHARTICS.	
<i>Ipecacuanha</i>	gr. xx.	<i>Ol. Ricini</i>	\mathfrak{z} j.
<i>Antimon. Tartar.</i>	gr. $1\frac{1}{2}$	<i>Ol. Crotonis</i>	gut. l.
<i>Ammon. Sesquic.</i>	gr. xxx.	<i>Magnesia Sulph.</i>	\mathfrak{z} $\frac{1}{2}$
<i>Cupri Sulph.</i>	gr. x.	<i>Senna Tinctura</i>	\mathfrak{z} $\frac{1}{2}$
<i>Zinci Sulph.</i>	gr. xv.	<i>Aloe Pulvis</i>	gr. iij.
<i>Sinapis</i>	\mathfrak{z} $\frac{1}{2}$	<i>Fulapi Pulvis</i>	gr. xv.
		<i>Rhei Pulvis</i>	gr. xv.
		<i>Hydrarg. Subchl.</i>	gr. v.
SUDORIFICS.		SIALAGOGUES.	
<i>Liq. Amm. Acet.</i>	\mathfrak{z} $\frac{1}{2}$	<i>Hydrarg. Sub. chlor.</i>	gr. ij.
<i>Pulv. Ipecac. Comp.</i> . . .	gr. viii.	<i>Jaborandi Tinct.</i>	\mathfrak{z} $\frac{1}{2}$
<i>Antimon. Tartar.</i>	gr. $\frac{1}{10}$	<i>Pilocarpine.</i>	gr. $\frac{1}{10}$
<i>Jaborandi Tinctura</i>	\mathfrak{z} ij.	<i>Muscarin</i>	gr. $\frac{1}{10}$
<i>Muscarin</i>	gr. $\frac{1}{2}$	<i>Pyrethri Tinct.</i>	\mathfrak{z} $\frac{1}{2}$
<i>Pilocarpine</i>	gr. $\frac{1}{2}$	<i>Armoratiæ Tinct.</i>	\mathfrak{z} $\frac{1}{2}$

NARCOTICS.

Morphiæ, gr. $\frac{1}{4}$. *Opium*, gr. i. $\frac{1}{2}$. *Potassii Bromidum*, gr. xv. *Cannabis Indica Tinct.*, gut. xx.

Such, then, are the doses required to produce the several effects for which these drugs are ordinarily used. Is this not so? But how have they been discovered? How has it become known that these quantities, and not less, must be used of these particular drugs to produce these effects? Simply by experience; simply by trying. No one could guess or tell beforehand, that, to produce vomiting with powdered *ipécacuanha*, would require gr. xx., or that gr. $1\frac{1}{2}$ of *ant. tart.* would have a similar effect; or that to act on the bowels with *jalap* would require gr. xv., whilst gr. iij. of *aloes* would do so. Nor could the dose be predicated by looking at or thinking about those drugs; they must be submitted to experiment.

Now, it will be seen that none of these doses are what are called infinitesimal. And why are they not? Simply because experience has taught that infinitesimal doses will not do for the purpose; will not bring about the effects desired. A few drops of *alcohol*, for instance, will not produce intoxication; a few drops of *ipécacuanha* wine or *antimonial* wine will not produce vomiting; a few drops of *castor oil* will not produce purging; nor will a grain of *bromide of potassium*, or $\frac{1}{100}$ of a grain of *opium* or *morphia* produce sleep or benumb pain. No: drachms, scruples, and grains, or parts of grains, are required for these purposes. The purpose is to produce an abnormal—a morbid state, and therefore the dose must be large; but how large, whether grains, scruples, or drachms, can only be known by trial, that is, by experience; it cannot be guessed; and, widely different and strange and unaccountable as they may seem, no sensible man would think of calling them ridiculous. Nor, on the ground that of *ipécacuanha* gr. xx. are required to produce vomiting would he say it is ridiculous to expect gr. $1\frac{1}{2}$ of *tart. em.* to produce a similar effect; nor that because gr. viii. of *Dover's powder* are required to produce diaphoresis, therefore it is ridiculous to suppose that gr. $\frac{1}{10}$ of *pilocarpine* would produce a similar effect; nor because it requires $\frac{3}{4}$ j. of *castor oil* to produce free action of the bowels, that therefore it is ridiculous to suppose that gutt. j. of *croton oil* can have any such effect. No, he would submit to the verdict of experience; and, finding by experience that the facts are so, no amount of ridicule or persecution would prevent him from believing this evidence of his senses.

Now, it is the same with doses that are required in the cure of disease. These cannot be guessed any more than can the doses that are required for producing disease; nor can the dose that will cure disease be predicated from the dose required to produce disease. No one could predict, for instance, the dose of *nitro-glycerine* that would cure a throbbing headache without making it worse; or the dose of *strophanthus* that would cure irregular

action of the heart without first aggravating it; or the dose of *hyoscyamine* that would cure mania without first making the patient worse; or the dose of *ipécacuanha* that would in the same way check vomiting; or of *jalap* that would check diarrhœa; or of *cantharides* that would cure strangury; or of *terebinth* that would cure hæmaturia, and so on. In treating, then, inflammatory fever with *aconite*; headache or sore throat with *belladonna*; pleurisy with *bryonia*; pneumonia, or yellow atrophy of the liver, with *phosphorus*; diarrhœa with *podophyllum*, and so on, why are only the $\frac{1}{100}$ or $\frac{1}{1000}$ part of a drop of the tincture given for a dose? Simply because it has been found by experience that such doses are not only quite enough, but that they are much better than large doses, — that they are really much *better*. Physicians who thus practise have no innate prejudice in favor of infinitesimal doses, nor do they prescribe them because the medicines are expensive, nor, as some say, because there is mystery about such practice. No; it is simply because experience has forced them to do so. These men were brought up to and taught doses just as other practitioners, and they are quite as ready to use drachms, scruples, and grains when necessary, and, indeed, they always do use such doses when prescribing drugs for the purposes for which they were taught to use them when at college, viz., to produce their physiological effects. If they wish to produce purging with *castor oil*, they give ounce doses; or if to produce it with *jalap* or *rhubarb*, they give the usual gr. xv. or gr. xx. doses; if they want to produce vomiting with *ipécacuanha* or *tart. emet.*, they give the usual gr. xx. or gr. $1\frac{1}{2}$ doses; so, if they want to salivate they give the usual gr. ij. to gr. v. doses of *calomel*, and so on.

But the fact is, they very seldom do wish or require to produce these effects; and they therefore very seldom give these doses. What they attempt to do is to cure disease, not to produce physiological effects of drugs, and therefore they give small doses. How small, is simply a result of experience. When they wish to cure diarrhœa with *castor oil*, they give it in a few drops for a dose; when to cure it with *jalap*, or *rhubarb*, or *senna*, or *cascara sagrada*, they give doses of perhaps the $\frac{1}{100}$ part of a drop of the tincture; and when they wish to cure vomiting with *ipécacuanha* or *tart. emet.*, or gastritis with *arsenic*, they give similar small doses. These doses have been arrived at only by degrees; in the same way that Dr. Fraser arrived at the curative dose of *strophanthus*, viz., by trying smaller and smaller. Admitting the truth of the theory that morbid states are best treated by drugs that will produce similar morbid states, say vomiting by a drug that will produce vomiting, a small dose (say a grain) was exhibited; but finding this to make matters worse, smaller doses

(say the $\frac{1}{10}$ of a grain) were tried in the next similar case; and then a smaller, and a smaller still; and so on until the dose was found that would cure without first aggravating.

So the infinitesimal dose was arrived at by *experience*, just as was the physiological dose. Both doses, therefore, that is, the dose to produce morbid symptoms and the dose to cure them, were arrived at in the same way; viz., by experience. But though arrived at by experience, they both have philosophy on their side, as the following considerations will tend to show:—

It is, I think we will all admit, one of the natural tendencies of the body to keep itself in the same state of health as that in which it was started at birth; that is, it is continually endeavoring to keep itself and all its parts fairly healthy. And so, when an attempt is made to turn any part out of health—the stomach by an emetic or the bowels by a purgative—Nature resists the attempt, and her resistance has to be overcome, to be overpowered. Now, experience has shown that she is not to be overcome by drugs except with large doses; that healthy organs are not to be made morbid by infinitesimal doses; that the stomach, for instance, is not to be made to invert its action and produce vomiting by an infinitesimal dose of *ipécacuanha*, or the bowels to be upset by an infinitesimal dose of *castor oil*, and so on; in fact, that doses for these purposes must be grains, scruples, drachms, perhaps ounces.

It is, however, otherwise when the attempt is to turn morbid action into healthy—to sail with the stream, so to say, instead of against it. Here, instead of Nature opposing, she assists, and therefore small doses are all that are needed. But the body is not only always trying to keep itself well, it is also always trying to restore the normal health when it has been deranged; and it succeeds admirably, many a time and oft, to a wonderful extent.

Without help, for instance, Nature heals up clean cuts, scratches and broken bones, removes the damage done by bruises, sprains and over-exertions, and the headache produced by mental worry and overwork, the bilious attack brought on by feasting, and even the evil wrought by over-drugging. Hence we “recover,” so to say, from slight ailments, without medical help; slight ailments “wear themselves out,” it is said: that is, Nature restores the normal health by her own unaided efforts, when it has not been disturbed too far; and even when great damage has been done, she tries to recover herself, and makes great efforts at first, and at this time she needs but little assistance to enable her to succeed in curable cases; an infinitesimal dose of the appropriate medicine may be quite enough, and indeed is found to be enough.

Now, from these considerations it is evident that both doses have philosophy on their side, just as they have both resulted from experience. Both doses are therefore right: drachms, scruples, and grains are right, and also necessary when the object is to produce "physiological effects" on healthy parts; and infinitesimal doses are right and necessary when the object is to rectify the morbid state of an organ by exhibiting a drug whose action on the healthy body is to produce a very similar morbid state to the one to be cured.

So, therefore, I see no reason why members of the medical profession should quarrel with each other on the matter of dose; rather would I appeal to our colleagues who have hitherto used drugs mainly for their physiological action, to try them also for their therapeutic action. Surely they may feel themselves justified in so doing under the sanction of such men as Drs. Brunton, Ringer, Phillips, Fraser, Murrell, etc., not to name others who have so used them exclusively for many years!

THE MORAL TREATMENT OF THE INSANE.

BY W. B. PERKINS, M.D., BRIDGTON, ME.

"Why, look you now, how unworthy a thing you make of me. You would play upon me; you would seem to know my stops; you would pluck out the heart of my mystery; you would sound me from my lowest note to the top of my compass; and there is much music in this organ, yet you cannot make it speak. 'Sblood! do you think I am easier to be played on than a pipe?'—*Shakspeare*.

THE moral treatment of the insane, as it is understood and practised at the present day, is very different from what it was a century ago. In truth, I might say it is very different from what it was half a century ago. Very much of what is, at the present day, called moral treatment, could more properly be called mental treatment. In order to better understand the subject, I will turn back in the history of the treatment of the insane, to the last century. The theory of demoniacal possession held during the middle ages gave way, under the influence of a metaphysical philosophy, to a spiritual or moral theory. It taught that insanity was a perversion of man's moral nature. The metaphysical idea of man in the last century placed the mental and moral nature of man so high, and the physical nature so low, that it was impossible for them to conceive that one should be in any way dependent upon the other. They placed the mind so high, they thought it above disease or the power of disease. They believed the insane, like themselves, had a consciousness of right and wrong, and a power of will to do the right and forbear the wrong. It never entered their thoughts

that the madman could not, if he would, control his disorderly thoughts and acts. The treatment, as a natural consequence, consisted of the use of means calculated to force the madman to abandon his delusions. The cruel punishments inflicted upon the poor unfortunates, to compel them to give up their insane notions, nearly if not quite equalled the cruelties of the inquisition of the dark ages. This system of punishments which they practised on the insane, was the "moral" treatment of the insane in the last century. Shakspeare caused Rosalind to say, "Love is merely a madness, and I tell you deserves as well a dark house and a whip as madmen do ; and the reason why they are not so punished and cured is that the lunacy is so ordinary that the whippers are in love too."

In Scotland there was a farmer reputed to be as large as Hercules, who was said to cure the insane with hard work and blows. In Pinel's work on the treatment of the insane, is a chapter "On the Practice of Beating the Insane as a Means to Promote their Cure." In another chapter on "Sudden Immersion in Cold Water as a Means of Cure," he describes Van Helmont's plan of keeping a patient under water until he was nearly drowned, in order that his extravagant ideas might be destroyed, even to their primitive traces,—an object which, according to this physician, could not be gained except by obliterating these ideas by a state bordering on death. Pinel condemned so severe treatment, calling it "a madness worse than that of the madman whose reason it was to restore." Van Helmont's plan of plunging the insane into cold water was imported to this country at about the commencement of the present century. Prolonged shower-baths, the rotatory chair, the strait-waistcoat, rapid whirling round, and all sorts of shocks and surprises went to make up the treatment of the insane in the last century, and the early part of the present century.

As late as the meeting of the medical congress in Naples (1845), a case was reported, says Dr. Charles F. Folsom in Pepper's System of Medicine, "where douches, setons, blisters, bleedings, internal medication, shocks, terror, harsh discipline—nothing succeeded in restoring to sanity a woman become insane three months after her confinement."

It is sad to think that this treatment should have extended to the middle of the present century. The treatment of harshness and cruelty died out upon the abandonment of the metaphysical theory ; and the theory of physical disease as a cause of insanity came to be recognized as the true and scientific theory of mental affections. It has only been little more than a quarter of a century since we commenced the scientific investigation of insanity. We are now only just on the threshold of the history

of the science of medical psychology. With a change of theory came a change in the treatment of the insane. We still cling to the moral treatment of the insane, but we have divested it of its terrors. Kindness now replaces the cruelties of older days.

We now come to the moral treatment of the present day, which consists of the removal of the patient from the cares of business, or the anxieties of the family, surrounding him with new scenes, new faces, and new objects of attention.

By moral treatment we now mean the personal contact and influence of man over man. The patient's thoughts are directed from their morbid self-contemplation to that of care and concern for others, which is their normal state. Those about them endeavor to supplant by other ideas, subjects, and occupations, their delusions and insane thoughts. As the former gain a foothold and predominance, the latter fade and disappear. Under the head of moral treatment we have to consider the exercise, occupation, and amusement of the insane. One of the greatest problems to-day in our insane-asylums is how to give the insane the amount of exercise they need. In the male wards of our State asylums, many of the men, who have been used to labor, prefer to work on the farm; but in the female wards is found the greatest difficulty. It is difficult to find suitable occupation that will give them the required amount of exercise. With exercise there is need to combine occupation.

Exercise of the body alone will profit little, unless the mind is engaged in some pleasant and healthy labor. Gardening and raising small fruits would be an excellent employment for many female patients. Amusements make up the larger part of our present moral treatment. Music, games, social or intellectual gatherings and recreations, excursions, changes of scenes and localities, art in all its forms of beauty, pictures, statuary, and flowers, make the hours of hospital life, which would otherwise be weary and sad, blossom with many joyous occasions. The amusement-hall, the billiard-hall and the social circle are all potent agencies in the cure of the insane. Classes in various branches of study have been formed in some of our asylums with very good results. Great care and discrimination, however, are needed in this method of treatment. The chapel is no inferior element in the treatment of the insane. Many religious despondencies, sometimes deepening into despair, have changed into the serenity of Christian hope; many suicidal designs have been abandoned under the influence of the chapel hour. The discipline of an asylum may form an important part in its moral treatment. Great firmness must be combined with gentleness and sympathy. Dr. Conolly touches so admirably on this subject in his "*Indications of Insanity*," that I cannot forbear to

quote: "To superintend with care and without offending; to control without severity, and to indulge without weakness; to attract without fatiguing the attention; to touch the imagination, but not too sensibly; to encourage at favorable moments to such comparisons as may triumph over retreating delusions,—is a task too delicate, too sacred I might say, to be intrusted to common hands."

Such are the qualities desired in one who is to care for those who from mental infirmity are unable to care for themselves. He must sound them from their lowest note to the top of their compass if he would pluck out the heart of their mystery; and he must do it as gently as the shades of night fade into the light of day. I have briefly pictured the old treatment and the new. I have shown how recently insanity has been recognized as a physical disease. We are doing little more than care for the insane at the present day. Less than half of the insane are discharged from our asylums as recovered; though more than half of those discharged as cured return again to the asylum. Individualized treatment of the insane, systemized mental and moral treatment, and an enlightened medical treatment are among the improvements of the near future. Insanity, I believe, will be found to be a very curable disease when it is better understood. We are on the eve of a great advance in the treatment of mental diseases. It is my great ambition to see my beloved school of practice in the front rank, leading in discovery and triumphs in this interesting and important branch of medical science.

A CASE OF COMPLETE INVERSIO UTERI.

BY W. K. BOUTON, M.D., MELBOURNE, AUSTRALIA.

ACCIDENTS of this kind are of such rare occurrence, it may be that something of interest may be deduced from the following case.

Late in the evening of April 29, 1888, I was requested to attend a woman in confinement. From a midwife waiting on the case, I learned that the woman, a multipara, had been in labor since the day before, and "the water" had "come away" some hours previous. The woman seemed weak, with continuous pains, crying and moaning. There was continual tension of abdominal walls, constant feeling of sickness. A considerable discharge of thick white mucus was a prominent feature. There was complaint of chilliness; restless, with alternate faint feelings, but no thirst.

Put a few glob. puls. nig., 200, in half tumbler of water, and after giving a teaspoonful of the medicine, proceeded to make

further, local examination. Found all parts very much relaxed. Os three inches dilated, head evidently wedged in brim; the head being so high, it was difficult to determine the position, but was finally made out in the L. O. A. The parts were swollen, and the anterior lip of the uterus formed a tumor the size of a large hen's egg. The tissues would have been quite dry except for the discharge spoken of. On again examining the abdomen, the tension seemed to come more from the pressure forward of the uterine contents, than from contraction caused by the pain, which was continuous. Pulse seemed fairly strong and regular. Concluded to wait on nature and the effect of medicine, which was repeated every half-hour. During the next hour, the patient had a short sleep, and then came a return of the pain, with more favorable indications, the parts becoming well moistened, and contraction of abdominal walls more marked. But though this state of affairs continued for the next two hours, there was not the slightest change in position of head. I therefore retired with instructions, should there be any change, to at once call me. However, not having been sent for, I again saw the case at nine o'clock, and then decided to apply the instruments. Every thing was much the same as when seen a few hours previous, except that the patient was weaker, and true labor pains were entirely wanting, while there was quite a discharge of blood per vaginam. The patient was quickly under chloroform, but considerable difficulty was experienced in adjusting the forceps, both from the œdematous condition of the parts, and the wedged position of a very large head. On traction being made, the feeling was as though the forceps had grasped the solid pelvis. After a time, however, some slight gain was made, and by observation of the rules of traction the head was gradually advanced into the canal. The child was finally delivered, partially asphyxiated. Following delivery, there was excessive hemorrhage; and handing the child to the nurse, I gave my whole attention to the mother, who, at a glance, appeared to be in a state of collapse. Placing my hand on the relaxed abdomen, I was startled in not finding a vestige of the uterine organ. So great was the relaxation of the abdominal walls, that every part of the cavity could be easily reached. Immediately placing the right hand at the vulva, the placenta was found external, and protruding from the labia was a hard tumor-like substance, looking like the inner surface of a placenta; with the oozing of numerous blood-vessels, there could be no mistaking it for other than the inverted uterus. With fingers closed over the thumb, the hand thus shaped was forced against the presenting tumor, and gently but quickly and forcibly pushed upward. Fortunately, it readily responded, and with the left hand in position, the uterus

could be felt, with the cup-like depression, rising out of the pelvis. With the right hand and arm retained within the uterine cavity, the left stimulated contraction by "Crede's method;" and after a few minutes, the effort was rewarded by the uterine walls contracting so that the hand could be withdrawn, and attention given to restoration of the patient. Arnica 200 was administered; hot-water bottles placed at feet and sides; a teaspoonful of brandy, in water, was given, and after a little the patient dropped into a light sleep. Pulse scarcely perceptible, but when she awoke a half-hour later, the pulse was slightly stronger, temperature 99°. On examination, the cup-like depression was found to have again appeared, and this condition of the fundus with gradual improvement, was present to end of second week, at which time its disappearance was noted with satisfaction. The fundus, during the entire first week, remained above the umbilicus with subsequent subsidence; but six weeks after confinement, could be still felt, slightly above the pubis. On the third day, the temperature was at 100°, and on the fifth, 101°; this was the highest point. From day to day there was slight improvement, and to all appearances the case was one of ordinary severe labor. Arnica 200 was continued for about a week, when all medicine was discontinued for the time. The child at birth weighed twelve pounds, had a very large but well-shaped head.

The cause of the accident, probably, was the general flabby, relaxed condition of the system, together with the long period of labor, and the want of proper attendance previous to the discharge of liquor amnii. There was laceration of the perineum, but silk sutures were used to bring the parts in apposition, and without trouble it healed by first intention.

THE WOMAN PHYSICIANS OF OHIO.

BY ORPHA D. BALDWIN, M.D., CLEVELAND, OHIO.

Just forty years ago, Miss Elizabeth Blackwell, an earnest English woman, who had studied medicine for many years, applied for admission to nearly all the medical colleges in the United States, but was refused admission by all of them except the Geneva Medical College, which, at that time, was a thriving school in Western New York.

She graduated from that college in 1849, being the first woman to receive the degree of Doctor of Medicine in the United States.

This event caused much and varied discussion in the medical fraternity. In fact, the opposition was so bitter, that only a few years later, when Miss Sarah R. Adamson knocked at

the doors of this same medical college, she was refused admittance; but the Central Medical College at Syracuse admitted her, and in 1851 she graduated from this school with honors.

About this time Mrs. Myra K. Merrick, another of England's daughters, entered the Central Medical College, an eclectic school in Rochester, N.Y., graduating therefrom in 1852. Dr. Merrick, soon after receiving her diploma, settled in Cleveland, Ohio. She announced to the public by a brief card, inserted in a newspaper, that she was ready to care for the "aches and pains" of suffering humanity. She had one patient the first day, and in a short time she had a lucrative practice.

To Dr. Merrick belongs the honor and distinction of being the first woman in our profession to settle in the Buckeye State. She still continues in active practice, and enjoys almost perfect health, although her duties for the past thirty-five years have been exceedingly arduous.

Marie E. Zakrzewska, Mrs. Chadwick, and Miss Emily Blackwell, a sister of Dr. Elizabeth Blackwell, were, if I am correctly informed, the first women to graduate from an Ohio college. They received their degrees in 1853, from the Cleveland Medical College, an allopathic school, on Erie Street, which recently closed its doors to women.

Dr. Marie E. Zakrzewska is a resident of Boston, but at present is in Europe, seeking the rest and recreation which she so much needs.

Dr. Emily Blackwell lives in New York, where she is active in many charitable and benevolent undertakings. The whereabouts of Dr. Chadwick I am unable to ascertain.

Four years after Dr. Merrick came to Cleveland, Dr. Elizabeth Griselle, who graduated from the Cleveland Medical College, began practice in that city. She remained there seven years, but, owing to the severity of the winters, she returned to her birth-place, Salem, Ohio, and has been engaged in practice there ever since, with the exception of three years; six months of which were spent in Philadelphia, attending a post-graduate course of study, and the remaining two and a half years were spent in San Francisco, in practice. She says, "My experience justifies the assertion that where there is breadth of culture, nobility of character, and mental ability, women physicians are treated as honored comrades in the warfare against suffering, ignorance, and vice."

In 1868, Dr. Agnes M. Johnson, who took her degree from the Woman's Medical College of Philadelphia, located in Zanesville, where she remained for thirteen years, or until November, 1881, when she was appointed one of the assistant physicians on the medical staff of the Asylum for the Insane at Athens, O.

She says, "This was the first appointment of a woman to fill such a position, and I accepted it believing that the insane women of our commonwealth were entitled to the services of one of their own sex as their physician. Since my appointment here, I have made the care and treatment of the insane a specialty."

Dr. Clara M. Ellsbury, '78, who practised in Cincinnati for a number of years, has held a similar position in the Asylum for the Insane at Dayton, O., for the past three years.

To classify the woman physicians of Ohio according to the faith that is in them, gives 5 eclectics, 35 allopaths, and 60 homœopaths.

If we classify them according to their legal estate, 17 are widows, 39 are unmarried, and 44 are married, almost one-half having entered this estate since graduation, or since beginning the study of medicine.

Of them there were

Born in Ohio	51
" " Pennsylvania	8
" " New York	5
" " Massachusetts	2
" " Illinois	2
" " Kentucky	1
" " West Virginia	1
" " England	2
" " Canada	2
and there have failed to reply to this query	26

100

Place of graduation :

Cleveland	38	Boston	4
Philadelphia	13	Columbus	3
Ann Arbor	9	Rochester	1
Cincinnati	10	Detroit	1
New York	6	St. Louis	1
Chicago	5	Unanswered	9

100

A glance at the year of graduation is not without interest.

1852	1	1878	7
1856	1	1879	7
1859	1	1880	6
1860	1	1881	5
1866	1	1882	10
1868	1	1883	9
1870	1	1884	11
1873	2	1885	6
1874	2	1886	7
1875	4	1887	3
1876	1	1888	9
1877	4		

100

To the question, "Have you a specialty?" the following replies were received:—

Eye and ear	1	Obstetrics	3
Nervous diseases	2	Gynecology	12
Insanity	2	Women and children	15
Rectal diseases	2	No specialty	30
Pædology	3	Unanswered	30
			100

The opinions of our woman physicians on various questions of interest may be gathered from their replies to the following questions.

“What is your opinion of entrance examinations?”

Opposed to them	3
Necessary, and should be more rigid	67
Unanswered	30
	<hr/> 100

“What is your opinion of the two-years’ course of study?”

Sufficient	.	.	.	.	.	.	.	.	.	.	.	3
Too short	.	.	.	.	.	.	.	.	.	.	.	75
Unanswered	.	.	.	.	.	.	.	.	.	.	.	22
												<u>100</u>

"Would you favor a law making a three-years' course compulsory?"

"I would not"	.	.	.	.	.	.	.	.	.	.	.	8
"Yes, indeed"	.	.	.	.	.	.	.	.	.	.	.	64
Unanswered .	.	.	.	.	.	.	.	.	.	.	.	28
												100

“Do you approve of the post-graduate course?”

[illegible]

There are a number of good locations in the State for active, earnest, well-educated women. Ashtabula, Holmes, Hocking, Highland, Henry, and Vinton Counties are reported to be as yet without a woman physician.

One physician says, "In my opinion, no place is so small, that it will not furnish an abundance of work for a woman." Another woman, who is located in a place of less than four thousand

inhabitants, says, "I have been here eleven months. . . . There are eleven male physicians here. During the last seven months I have more than made my expenses." Another of more than ten years experience says, "My work has been full of ups and downs. . . . My worst enemies have been found in my own sex. It seems so hard for a certain class of women to yield the point that one woman may possibly know more than they do about medicine, or any thing else. That is, if she *professes* to know. . . . I have at times been almost disgusted with women in this particular. Yet with all my discouragements I never for a moment regretted I studied medicine. I've had the bitter with the sweet, but it is so in every phase of life."

Another says, "Have been in practice in Cincinnati four years. I found it rather slow work the first two years. Have met with the utmost courtesy and cordiality on the part of other physicians."

Another says, "If I can be of any further assistance in this Centennial work, please command me. Am doing well. Have been well treated by the physicians, both men and women."

Another says, "I met with considerable opposition from our professional brethren at first, till they found I had come to stay. Now I can safely say that they are all, so far as I know, my warm professional friends. My practice is large, principally among the Germans."

Another says, "Being the pioneer woman physician of my county, I have moved quietly along, endeavoring to so act my part as to overcome as far as I could the prejudices that exist in the minds of many against a woman physician. While some of those with narrow opinions and little learning, among the brethren of the profession, have often used me unkindly, by the truly learned I have been well received."

Another, "A brief history of my work is similar to that of other busy physicians; viz, to assist people into the world, help them to remain as long as possible, and then see the flame of life extinguished, and leave them to the Great Physician."

There are two dispensaries in the State under the management of the woman physicians; one at 171 Prospect Street, Cleveland; the other at 494 West Ninth Street, Cincinnati.

In 1877, the earnest women in this profession in Cleveland organized a "Free Medical and Surgical Dispensary for Women and Children," which has been in successful operation ever since.

From the ninth annual report of this charity, I learn that

The number of adult patients treated the past year was	3,492
Number of children	984
Number of surgical cases	117

Number of prescriptions	13,879
“ “ visits	650
“ “ births	13
“ “ deaths	3
Number admitted to hospital	10
The receipts for the year were	\$1,170.00
Expenditures	1,111.64
Balance in treasury	\$58.36

During the past year two maternity trunks were presented to this institution by the ladies of the church societies. These boxes have proved a great blessing to the poor women, and have added increased facilities to our already well-equipped dispensary. The officers have charge of a free bed in Huron-street Hospital, which is constantly occupied.

The officers of this dispensary are, President, Myra K. Merrick, M.D.; Vice-President, Martha A. Canfield, M.D.; Secretary, Martha M. Stone, M.D.; Treasurer, Kate Parsons, M.D.; Resident Physician, Mary A. Cooke, M.D.

Only two years after this dispensary was opened, Dr. Ellen Kirk and Dr. Martha May Howells established in Cincinnati a “Free Dispensary for Women and Children.” Three years later the dispensary was merged into an hospital for women and children, which is known as “The Ohio Hospital for Women and Children.” This is the first hospital in the State established by women and maintained by them.

POINTS ON PRONUNCIATION.

BY N. W. RAND, M.D., MONSON, MASS.

[Read before the Homœopathic Medical Society of Western Massachusetts.]

I AM aware that my subject to-day may be thought of only secondary importance; that it pertains to the preparatory rather than to the practical side of our professional work. It has been brought from books rather than bedsides, and savors more of dictionaries than of diseases. Yet I have no apology to offer for presenting it, for I believe that the physician should be “beyond reproach,” not only in the selection and use of his remedies, but also of his words. I think you will sustain me in saying that there is no class of words so badly mutilated in pronunciation by people in general, as are medical words; and there is no class of men so much to blame for this, as are the doctors. How can it be otherwise? People very naturally, and justly, regard us as authority upon every thing medical. They imitate our expressions; and if we prove to be blind leaders of the blind, how can they escape the ditch?

Some will urge that authorities differ so widely in this matter that we cannot follow them all, neither can we be really certain which is correct and which not. I know our authorities are sometimes at variance; but, dear doctors, let us not blame them for all our blunders until we make sure that they are wholly at fault. We say "alveō'-lar, areō'-la, eczē'-ma, cō'-nium, neurasthēn'-ia, hyoscyā'-mus, origā'-num, emē'-sis, parē'-sis, āl'-bumen, āb'-domen," etc., simply because we are accustomed to hear that pronunciation; but I cannot find even a fragment of authority for such usage. I have known physicans to spend weeks upon the study of a remedy, and then, in a public report of their labors, mispronounce the name of the drug! How much better, after those days of patient toil, to have spent yet five minutes more in consulting a dictionary before committing their achievements to the public ear!

I have known professors to stand before large classes of students, day after day, for months together, and habitually mispronounce scores of medical terms. How foolish to mar so much real excellence with so needless a blemish! We all have dictionaries, but they are of no use unless we consult them. They force no instruction upon the careless; but to those who seek in them for technical knowledge, they speak with no uncertain voice.

The great majority of medical words are Latin, either pure or Latinized from some other language; hence, the Latin rules for pronunciation should be our chief guide. Unfortunately there are, as you know, no less than three distinct systems of Latin pronunciation which are recognized as authoritative, — the English, the Roman, and the Continental. These all agree in dividing each word into as many syllables as it contains separate vowels and diphthongs, but they differ in the sounds of the letters. The English method gives them the ordinary English sounds. I need not repeat them. The Roman, we may say in general terms, gives to the vowels the following sounds: —

a	like	a	in	father	—	äh.
e	"	e	"	prey	—	ā.
i	"	i	"	machine	—	ē.
o	"	o	"	old	—	ō.
u	"	u	"	rule	—	ōō.

y, which is found only in Greek words, is sounded nearly like *i*, — *ē*. The diphthong *ae* is like the English *ay* (I); *au* like *ow* in *how*; *oe* like *oi* in *coin*. The consonant *c* is always sounded like *k*; *g* retains everywhere its hard sound as in *go*; *j* is like *y* in *yet*, and *v* like *w* in *we*.

The Continental method is a cross between the other two. It recognizes the Roman pronunciation of the vowels, and the English pronunciation of the consonants

In choosing among these three, we cannot appeal to any supreme authority; for our best institutions of learning are divided in their preferences. In this state of disagreement, who shall decide which is best? Certainly not one man for another, but every man, if he can, for himself. All I ask is that he shall adopt *one* of these methods, and *uniformly* and *consistently* follow it. If he, in accordance with the Continental method, says bronchē-tis, tonsillē-tis, metrē-tis, etc., he should also say *ow*-rum for au'-rum, *foi*-tus for fœ'-tus, *nī*-vus for næ'-vus, *cī*-cum for cæ'-cum, wā-rār'trum for verā-trum, *ar*'-conēte and *ar*'-pis for ac'-onite and a'-pis. If one, discouraged with this outlook on the Continental system, leaves it for the Roman, he only "leaves (if the colloquialism may be excused) the frying-pan for the fire;" for he finds there not only the unfamiliar sounds of the vowels and diphthongs to manage, but also those of the consonants. Instead of *sī*-cum for cæ'-cum, it must be *kī*-cum; instead of *soi*'-liac plexus for cœ'liac. *koī*'-liac.

Thus one sees the difficulty in attempting to conform to either of the latter methods. Some think that they better represent the enunciation of the ancient Romans, but it seems to me absurd to attempt to reproduce the exact vocal expression of a language which has been for thirteen hundred years defunct! Who knows any thing certainly about it, or ever can? No one; for the world had then produced no Edison — no phonograph. Is it not, then, a sensible thing for us to reject as needless and bothersome all odd and unfamiliar ways of utterance, and always and everywhere hold to the good old English method? With a majority of the best English-speaking scholars in the world on our side, we ought to be satisfied with our comradeship.

So much for methods. Now let us briefly consider some of the rules for pronunciation which are most frequently violated. Latin words contain as many syllables as there are separate vowels and diphthongs; like di-as'-to-le, sys'-to-le, cō-de-in, a-nēm'-o-ne, etc. We have, however, several words ending in *cele*, from the Greek κήλη, a hernia. They all signify the protrusion of some part from its normal position, and have become so thoroughly Anglicized that the last two vowels are joined in one syllable, as cys-to-cele, hy-dro-cele, hæm'-a-to-cele, etc.

According to the English method, the consonants *c* and *g* are soft before *e*, *i*, *y*, *æ*, and *œ*, and hard in all other situations. Hence we have gyn-æ-cology (jin-e-col'-o-gy), not gŷn-æ-cology; ru'-gæ (ru'-jee), not ru'-gēe; gin'-gly-mus (jin'-gly-mus), not gŷn'-gly-mus; ġe-nu (jē'-nu), not ġe-nu; ġin'-gi-val (jin'-ji-val), not gŷn-ġi-val; ġin-ġi-vi'-tis (jin-ji-vi'-tis), not gŷn-ġi-vi-tis; ox-y-toç-ic (ox-y-tos-ic), not ox-y-tox-ic; fun-ġi (fun'-ji) and coc'-ġi (cok-si), not fun-ġi and cokki, as we usually hear.

Ch always takes its hard sound, like *k*, with the single exception of *colchicum*, which has become so hopelessly degenerated that the lexicographers have given it up in despair. Hence we should say *ehelidonium* (kel-e-donium), *ehenopodium*, *ehimaphila*, *ehī'-na* (kee'-na), not *chī'-na*, *cateehu*, *ehalā'zion*, *ehemosis*, *ehiropodist*, etc.

Cm, *cn*, *ct*, *gm*, *gn*, *mn*, *tm*, *ps*, *phth*, and *pt* occurring at the beginning of words are pronounced with the initial letter or diphthong silent; e.g., *cnicus* (nī'cus), *ctenoid* (te-noid), *gmelina* (melina), *gnaphalium* (naphalium), *mnemonics* (nemonics), *psosas* (soas), *phthisis* (thī'sis), *phthir'asis* (thīriasis), *pterygium* (tery-gium), *ptomaine* (to-ma-ine), etc.

Words of two syllables are always accented on the first syllable. Hence we should say *rā'-phe*, not *ra-phē'*; *fā'-cet*, not *fa-cēt'*.

Words of more than two syllables are accented on the syllable next the last if that is long in quantity, otherwise on the second from the last.

This rule, if we remember it, will aid us very much, for we have several classes of words in each of which the penult is uniformly long, or short, according to the class, so that we have only to learn the correct pronunciation of one word in its group, and we have them all.

Thus, diminutives ending in *olus*, *ola*, *olum*, *ulus*, *ula*, *ulum*, *culus*, *cula*, or *culum* always have the penult short in quantity, and so throw the accent back upon the ante-penult; e. g., *alvé'-ola*, *arē'-ola*, *gladí'-olus*, *hordē'-olum*, *lutē'-olus*, *mallē'-olus*, *medē'-ola*, *modi'-olus*, *phasē'-olus*, *rosē'-ola*, *rubē'-ola*, *rupī'-ola*, *rustī'-olus*, *radi'-olus*, *saxī'-ola*, *ūrcē'-olus*, *vari'-ola*, *vari'-olous*, *versī'-olor*. So many diminutives have the penult in *o*, which should *never* be accented. It is needless for me to enumerate those ending in *ulus* and *culus*, like *fascī'-ulus*, *funī'-ulus*, etc., as they are seldom mispronounced.

Another group of words which are always short in the penult, and throw back the accent like the last, terminates with the Greek *uosis*, which signifies similarity or likeness to whatever precedes it. Under this head we have, *distichī'-asis*, *hypocho-n-dri'-asis*, *elephantī'-asis*, *hystri-cī'-asis*, *keratī'-asis*, *lithī'-asis*, *hel-minthī'-asis*, *ophī'-asis*, *trichī'-asis*, *sclerī'-asis*, *pityrī'-asis*, *psori'-asis*, etc. In this class of words we should be very careful to keep the accent on the antepenult.

A group of similar words ends in *osis*, which denotes a process or action. In these the *o* is long, and therefore accented, like *amauro'-sis*, *cyanō'-sis*, *pyrō'-sis*, *scoliō'-sis*, *zymō'-sis*, etc.

Another group ends in *oma*, which signifies a tumor of some kind. These are pronounced like the foregoing: *fibrō'-ma*, *adenō'-ma*, *sarcō'-ma*, *epitheliō'-ma*, etc.

We have a class in which the suffix is from *σκοπέω*, to examine, which are all accented on the antepenult; as, micrōs'-copy, laryngōs'-copy, ophthalmōs'-copy, rhinōs'-copy, endōs'-copy, and others.

There are about one hundred words signifying inflammation, which end in *itis*. If this Greek suffix is, as is habitually done, Latinized, these words are accented squarely on the penult, which, according to the English system of pronouncing, should always be given the long sound of *ī*, like gastrī'-tis, hepatī'-tis, meningī'-tis, etc. It is in this class of words that the followers of the Roman and Continental systems appear to best advantage. Indeed, many physicians who follow the English everywhere else, in pronouncing these words drop into the Continental.

Words which take the ending *rhapsy* (*ῥαφή*, a seam), are accented on the antepenult; thus we have elytrōr'-rhapsy, staphylōr'-rhapsy, trachelōr'-rhapsy, uraniscōr'-rhapsy, perinæōr'-rhapsy, etc. These words are apt to be pronounced with the accent on the penult, like neurorrhāph'-y, which is incorrect.

Words having the prefix *μόνος*, denoting single, should usually be spoken with the short sound of the first *o*: mōn'ad, mōn'-ocyst, mōn'-ograph, mōnomā'-nia, mōnolōc'-ular, and others, rather than mō'-nad, mō'-nocyst, etc.

Most adjectives formed from nouns, whose accented syllables are long, retain the accent upon the same syllable, but shorten its vowel sound: e.g., acē'-tas, acēt'-ic; adynā'-mia, adynām'-ic; anæ'-mia, anæm'-ic; atrō'-phia, atrōph'-ic; cadā'-ver, cadāv'-eric; diabē'-tes, diabēt'-ic; phagedæ'-na, phagedæn'-ic; systē'-ma, systēm'-ic; uræ'-mia, uræm'-ic, etc.

A few other adjectives, formed in a similar but not identical manner, take the short sound of their accented syllable; like farād'-ic, phrēn'-ic, stāt'-ic, parēt'-ic, oxāl'-ic, orthopēd'-ic, pathogēn'-ic, parasit'-ic, splēn'-ic, etc.

The French element in our medical vocabulary is, to many of us, the most difficult. Happily, quite an appreciable part of it has been Anglicized; and I hope the time is not far distant when the same will be true of it all. We may read French never so well, but it is almost impossible for an American to pronounce it properly. Our Latin rules here do not help us. I will mention only a few of the most common words, — remarking that in the final *ng* the *g* is to be rather *thought* than actually pronounced: accoucheur (ac-cōō-shūr), ballotement (bal-lot-mong), bougie (bōō-zhē), bruit (brwē, not brōō-it nor brōō-ie), charpie (shar-pee), ecraseur (ec-ra-zeur), enciente (ong-sānt), grand mal (grong mal), petit mal (p'tē'-mal), massage (mas-sazh), masseur (mas-seūr), serrefine (sair-fēēn; not Sarah Finn, nor seraphim).

So far we have considered certain groups or classes of words which, it seems to me, have been most liable to suffer from that prevalent malady, *carelessness*. They show us how it acts in epidemics. Now, if your patience is not exhausted, we will look at a few sporadic cases. How often we hear

ăb'-domen for abdô'-men.
 ăc'-climated for acclî'-mated.
 ăc'-tæa for actæ'-a.
 acă'-rus for ăc'-arus.
 ăl'-bumen for albû'-men.
 ăl'-mond for almond (ăh'-mond).
 apocŷ'-num for apôç'-y-num.
 arbû'-tus for ăr'-butus.
 achîl'-lea for achillê'-a.
 adôn'-is for adô'-nis.
 æ tiol'-ogy for æt-iol'-ogy.
 alē'-tris for ăl'-etris.
 ancô'-neus for anconē'-us.
 ăn'-ticus for anti'-cus.
 ască'-ris for ăs'-caris.
 asă'-rum for ăs'-arum.
 ăt'-tollens for attôl'-lens.
 azŷ'-gos for ăz'-ygus.
 bār'-badoes for barbă'-does.
 bî'-furcate for bifûr'-cate.
 bîl'-umen for bitû'-men.
 blăs'-tema for blastē'-ma.
 bôl'-etus for bolē'-tus.
 bū'-ichew for bū' chu (bōū-kōō).
 camphô'-ra for cam'-phora.
 cā'-nine for ca-nīne'.
 cannabî'-num for cannăb'-inum.
 cār'-minative for carmīn'-ative.
 kī'-an for cayenne (ka-en').
 cerē'-brum for cēr'-e-brum.
 cēr'-umen for cerû'-men.
 cîc'-atrix for cică'-trix.
 clo'-aca for clo-ă'-ca.
 cōc'-cygis for coccŷ'-gis.
 cō'-chineal for cōch'-ineal (kōtch'-e-neel).
 condŷle for con'-dŷle.
 cō'-nium for conī'-um.
 conjūnc'-tiva for conjunctī'-va.
 copēē'-vy for copăiba (ko-pă'-ber).
 cōi'-ona for corō'-na.
 cūl'-inary for cū'-linary.
 dēc'-ussate for decūs'-sate.
 dēn'-gwe for dēn'-gue (den-ga).
 digitāl'-is for digită'-lis.
 duod'-enum for duodē'-num.
 dŷp'-nœa for dyspnœ'-a.
 epizōō'-tic for epizōōt'-ic.
 exăn'-thema for exanthē'-ma.
 eczē'-ma for ec'-zema.

flassid for flac'-cid (flaksid).
 flăt'-us for flă'-tus.
 fôr'-amen for foră'-men.
 glŷ'-tæus for glutæ'-us.
 glŷ'-cogen for glŷc'-ogen.
 gwăk'-um for guă'-a-cum.
 hămopiē'-sis for hămôp'-tysis.
 hămatemē'-sis for hămatēm'-esis.
 hellebô'-rus for hellēb'-orus.
 hîp'-purate for hippû'-rate.
 hyoscyă'-mus for hyoscŷ'-amus.
 Ic'-teric for ictēr'-ic.
 î'-o-dum for i-ô'-dum.
 ěp'-icac for Ip'-e-cac.
 jawndis for jaundice (jărndis).
 jŷg'-ular for jŷ'-gular.
 lîg'-umen for ligû'-men.
 lēn'-tigo for lentī'-go.
 marjô'-ram for măr'-joram.
 măt'-ico for mati'-co (matēē'-ko).
 mediăs'-tinum for mediastī'-num.
 mōl'-imen for molī'-men.
 nă'-scent for năs'-cent.
 nēc'-ropsy for necrôp'-sy.
 neurasthē'-nia for neurasthenī'-a.
 ôc'-inum for ocī'-num.
 oleomarjărēne for oleomăr'-gărīne.
 ôl'-iva for olī'-va.
 paracăn'-tesis for paracentē'-sis.
 parenkī'-ma for parēn'-chyma.
 pēd'-uncle for pe-dŷn'-cle.
 pero'-neus for peronæ'-us.
 pinē'-al for pīn'-e-al.
 plăn'-tago for plantă'-go.
 platē'-na for plăt'-i na.
 polygō'-nium for polyg'-onum.
 pōr'-rigo for porri'-go.
 poiŷ-trick'-eum for polyt'-richum.
 rēz'-ina for resi'-na.
 rhîz'-oma for rhizô'-ma.
 reci'-nus for rēc'-inus.
 rū'-bigo for rubī'-go.
 rōth'-len for rœtheln (rer-teln).
 sacchă'-rum for săc'-charum.
 sklī'-la for sçil'-la.
 seŷbala for sçybala (sib-a-ler).
 sempervi'-rens for sempēr'-virens.
 sē'-nie for sēn'-na.
 sîn'-apis for sină'-pis.
 solī'-anum for solă'-num.

süb'-limis for sublī'-mis.
 sulphū'-rous for sül'-phurous.
 synēch'-ia for synēchī'-a.
 symphȳ'-tum for sȳm'-phytum.
 trīcō'-lor for trīc'-olor.
 trō'-tche for trō'-che (tro-kee).
 urā'-chus for ū'-ræchus.
 ūr'-tica for urtī'-ca.

üstilāgo for ūstilā'-go.
 ū'terīne for ūterīne.
 vāc'-cina for vaccī'-na.
 vassinate for va'cinate.
 vertē'-bral for vēr'-tebral.
 vēs'-ica for vesī'-ca.
 viō'-la for vī'-ola.
 vīt-elline for vitēl'-line.

This is a long list of words, yet I am sorry to say that if time and space had permitted, it might just as well have been longer. I intended to treat neither my subject nor hearers exhaustively, but fear I have failed in the latter negative effort. Lest any one should ironically hail me as a "Sir Oracle," I hasten to humbly acknowledge that the grammars, dictionaries, and their literary kin, have furnished whatever of worth my paper contains, and if its suggestions are half as helpful to my hearers in the aggregate, as its preparation has been to myself, I am well content.

I have simply intended to plead for uniformity of speech, and purity of pronunciation. It appeals to us, votaries of the new and true system of medicine, to set this, like all our standards, high. Let us not bring reproach upon ourselves, or our school, by allowing an opponent to find in our phraseology any thing at variance with the best authorities; and in our zeal to increase in practical knowledge, and multiply our higher attainments, let us not forget this not wholly trivial one, which, according to the degree of attention received, mars or embellishes all the rest.

METASTASIS: ITS NATURE AND POSITION IN THERAPEUTICS.

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

THE value and importance of a *name* is felt and acknowledged in every department of civilized life,—in none more essentially than in the study of the sciences, and medical science in particular.

But unfortunately for its professors and the community generally, medical nomenclature is so overcrowded with ambiguous terms and misnomers; the names given to diseases, symptoms, and functions, are frequently so inappropriate, so limited, ambiguous, and far-fetched in their character,—that the only wonder is, that so few fatal blunders have resulted, and that such tangible progress has been made in the practical

application of medical science to the needs of every-day life. These facts are specially pertinent in reference to the important subject now under consideration, — *metastasis*. The question as to the true nature of metastasis, and the processes involved therein, has agitated the medico-scientific world for some years past, the ranks of practitioners of all schools being about equally divided on the subject of the change or migration of certain diseases from one organ or tissue to another dissimilar organism. This controversy has permeated every scientific community on either side of the Atlantic. There are but few medical practitioners left who remain neutral on the subject, and each of the opposing hosts numbers among its adherents many of the most learned, eminent, and distinguished professors of the healing art. It is no longer a mere question of theory or opinion, of personal assertion or method of practice, but it is one which involves a great vital principle, — even life itself. And here I feel a genuine pleasure in acknowledging and calling your attention to the honorable manner, the dignified courtesy, the sincerity, honesty of purpose, and the fearless, courageous spirit, which has been evinced by both parties in the controversy, in their earnest and persevering search after the light and truth. I do not think we shall be doing wrong in looking upon Dr. Kafka and Dr. Goullon as the champions and representatives of the medical faculty generally in this contest.

The fact that while they are so radically opposite in their views, and their points of difference are so clearly defined, their handling of the subject has been so masterly, and happily divested of all personality, illiberality, jealousy, or self-conceit, goes to convince every one who has followed their progress in this controversy, of their sincerity and single-mindedness.

Dr. Kafka, with that intellectual boldness and independence which characterize his every effort, and are the necessary concomitants of his genius, severs himself from all the traditional theories of metastasis, and arrays himself in diametric opposition to the Hahnemannian doctrine, as to the peculiar property possessed by psora, sycosis, suppressed perspiration, eruptions of various kinds, hemorrhoids, and other cutaneous, malarial, and functional disorders, to disappear from their natural locations, and reproduce themselves, or be reproduced by some other agency, in other different localities and tissues. In contradistinction thereto, he distinctly asserts his conviction that the multiplied experience of physicians all over the world in relation to these diseases, as evidencing such a condition of transmigration, proves Hahnemann's assumption to be an unfounded and erroneous interpretation of that phenomenon.

Consequently, he denies all diseased connection between a suppressed secretion or eruption, and the effects or sequelæ usually supposed to follow them.

Following the views in logical sequence, his therapeutics are not influenced by any thought or speculative forebodings connected with the so-called suppressed diseases and their re-appearance in another part of the body.

He experiences no apprehension of the after-effects from the rapid healing of ulcers and sores, or the pustular eruptions of exanthematous diseases; he feels no trepidation or doubt in the treatment of long-standing hemorrhages with styptics, or chronic mucous discharges with astringents, and considers all anxiety or fear as to the ultimate result of eruptive affections, or efforts to prevent their being driven inward, as entirely superfluous and uncalled for.

Dr. Goullon, on the other hand, in his "declaration of faith," severely challenges Dr. Kafka's bold assertion that a majority of the profession have discarded the superannuated theories of metastasis, and claims that it is an absolute impossibility that Dr. Kafka should desire or intend to throw overboard all the past teachings on this subject. In proof of the tangibility of his views, Dr. Goullon points exultantly to the beneficent effects of nature and of medicines in throwing out diseases to the surface of the body; the internal manifestations that cease upon the reproduction of cutaneous affections, fluxes, etc.; and the numberless instances observed of internal troubles following the disappearance of external ones. Yet, though Dr. Goullon opposes Dr. Kafka's views with such pertinacity and force, he does not seem willing to place himself upon record as believing the veritable transmigration of diseases or functional secretions from one organ or tissue to *dissimilar* ones. He regards the arrest of a physiological function as entitled to the definition of *pseudo-metastasis*, as in such cases no disease would exist to be operated upon. And he asserts his belief that a clearer and better understanding of this subject would be arrived at, were we to bear in mind the fact, that when the human body or any part of it is in a diseased condition, the organism is virtually "out of joint," and that some parts of it are consequently deprived of their natural powers of resistance, thereby offering a much more congenial soil than when in health for the development of these erratic morbid phenomena. I am not ashamed to acknowledge, at the very outset of our inquiries, that I feel the subject to be far beyond my depth, and that I can only bring together a few of the opinions of my professional brethren, and give expression to some few of my own doubts and misgivings. Dr. Goullon's ideas of the phenomena of metastasis

seem, like those of many of his predecessors and contemporaries, to be strangely mixed; his and their mental confusion hinging, apparently, upon the indiscriminate and vague use of the word *crisis*, as being synonymous with *metastasis* or *change*.

Dunglison's definition of the word *crisis* throws considerable light on the difficulty. He remarks, "This word has been used in various acceptations. Some mean, by crisis of a disease, when it augments or diminishes considerably, becomes *transformed into another*, or ceases entirely. Some have used the word to signify only the favorable changes which supervene in disease; others, for the change going on in the acme or violence of the disease; others, again, have given the name only to a rapid and favorable change, joined to some copious evacuation or eruption; while others have applied the term to the symptoms that accompany such change, and not to the change itself, thus including under the same denomination the *critical* phenomena and the *crisis*." Here we have the same old story, — the same old source of mystification and error, the mixing-up of cause and effect, the play of Hamlet with the omission of the character; for we find in numberless instances in Dr. Goullon's and other kindred productions, the use of the word *crisis* without the prefix *metastatic*. It was with this definition floating in his memory, doubtless, he asserted that the metastatic phenomena are intimately allied with that phenomenon called crisis, and that he who denies the one must also ignore the other. According to his theory, then, a metastasis is nothing more nor less than a good or bad crisis. While he admits a physiological antagonism between serous, mucous, and epidermoid tissues, yet he conceives the possibility of a suitable connection between the nervous and circulatory systems that renders metastasis possible, and often clearly a necessity. He would not have us believe in any process of physiological legerdemain, but in a certain process of re-action, that, when narrowed down to our limited perceptions, follows with the most rigid exactitude the laws of reflex action.

If we accept the definition of another authority who terms it "the ending of a morbid process or disease, through change of form," then our current nomenclature of disease may be contracted to about one-third its present bulk, and metastasis become a moving panorama of morbid views. Grauvogl, in summing up his testimony on this subject, remarks "that the practical physician, with even a very limited practice, will recur to numerous instances which forbid his ruthlessly casting aside these so-called metastatic observations, strange and odd as they may appear." Let us look at the etymology of this ominous word, "a change of place." Its composition would signify a

flitting about of a certain something, or an apparition of a certain something which has an uncertain errand, which may be traced by diligent observation, but the intention of which cannot be anticipated. Now what is this *something*? Dunglison will scarcely help us, for he gives us a quintuple definition, in accordance with the varied views of the profession. He says, "It is a displacement, a translation, a change in the seat of the disease, attributed by the Humorists, to the translation of the morbid matter to a part different from that which it had previously occupied; and by the Solidists, to a displacement of the irritation. It has also been used in the same extensive sense as metaplasia (transformation, or any change in the form or seat of a disease). Disputes have often arisen whether metastasis ought not rather to be considered *an extension* of the disease." The phenomena that occasionally supervene in gout and acute rheumatism are in favor of metastasis literally rendered. In my opinion, the last sentence is a forcible demonstration of the existence of metastasis, fully corroborated by the occurrences in past and present experiences. Dr. Goullon's definition culminates in a very strong expression which he claims to be the language of logic, when divested of fantastic description and speculative theory. His metastasis is "*the free or forced change of locality of one and the same disease.*" If Dr. Goullon had qualified this statement by the addition of the words, *upon the same or similar tissues*, I should have been content to have sat at his feet, a willing and acquiescent disciple.

The questions remaining to be solved, then, are, Is metastasis a veritable transfer of a given disease from one organism or tissue to others dissimilar in character? or is it simply the expression of a deranged force that operates under the law of reflex action? No one can for a moment question the authenticity of these changes of location in various diseases. They come within the range of the daily experience of every physician. The existence of these effects has never been doubted. It is the *nature* of the trouble acting visibly upon a certain tissue or organ, which is believed to be the immediate result of the suppression of some disease, or function of tissue, that is the point at issue. Theory may be the forerunner of fact, and is doubtless entitled to the most respectful consideration until the force of practical experience, observation, and investigation, has been brought to bear upon it, and put its tangibility to the severest possible test.

The existence of a pathological relation sufficient to admit of a transfer of disease from one tissue or organ, to another of the same or a similar kind, is not only generally recognized,

but has been demonstrated by pathological observation. But when this phenomenon is claimed to apply with equal force to tissues which not only bear no such relationship, but are radically dissimilar; and when this claim is totally unsupported by any corroborative pathological data; and when, furthermore, the basis of the theory rests almost solely upon objective intelligence, — the metastatic assumption contained in Dr. Goullon's definition, and which has been so tacitly and unquestioningly received by a moiety of the medical profession as an article of faith, can only receive credence or an apparent sanction on account of the courtesy due to the champion from the high professional and social position he so deservedly occupies. The profession generally will certainly require the production of a much greater amount of corroborative physiological and pathological evidence before they will consent to receive it as an established fact.

Every tissue and every organism has its characteristic and distinct intelligence. Whether in their normal state, or in a diseased condition, they speak a language no dissimilar organ or tissue can imitate. These physiological and pathological barriers effectually prevent the migration of a disease from one tissue to dissimilar tissues.

For instance, a parasitic, pustular, or an inflammatory disease would find no soil favorable for its development in fibrous tissues, etc. Again, very many of the contagious and eruptive diseases (the suppression of which was formerly held to be seriously and even fatally injurious, and which consequently received developmental treatment to the fullest practical extent) are now proved and acknowledged to be of parasitic origin; and treatment of a suppressive character has been generally satisfactory and efficacious.

If the reasoning of Dr. Goullon and his *confrères* were true, it would be perfectly legitimate to trace out the probable route taken by the parasite, and to calculate the length of time which would elapse before it reached its metastatic destination; and this method of reasoning could be extended and applied to all the diseases susceptible of this so-called metastatic influence. Clinical observation and the facts gathered therefrom, in reference to this subject, cannot possibly be made a theme of controversy; for observation alone is entirely inadequate to the determination of its merits or demerits. Therefore, taking into account the physiological antagonism of this theory, the sparseness of pathological data, the rapidity of the transit of disease phenomena, the uncongenial conditions for reception and development existing in dissimilar tissues, and the unsatisfactory hypothesis of its advocates, I am compelled to accept for the

time the theory of reflex action for the phenomena called metastasis, until further investigation and scientific research, and the accumulation of practical evidence, shall have thrown upon the subject a clearer and more definite light.

GLEANINGS AND TRANSLATIONS.

AN ACCIDENT FROM BITING THE FINGER-NAILS.—A novel accident, resulting from a habit of very common prevalence among nervous people, was brought to my notice recently. A young lady presented herself at my office, complaining of a constant irritation in her throat. Two weeks previously she had been taken with a severe "sore throat," which was treated by a neighboring physician. Under his care, she says, the inflammation quickly subsided, but there still remained a sensation of irritation. Examination revealed a small fleshy-looking object, about the size of a kernel of wheat, adherent to the tissues posterior to the left tonsil, by one end. The other parts of the throat were normal. The little mass could not be detached by a cotton-covered probe, but by the use of forceps it was easily removed, and on examination proved to be a piece of finger-nail, which had become covered by a cheesy deposit. A broken piece of the nail was also removed from under the mucous membrane at the same spot by a sharp-pointed probe. The patient then confessed to the habit of biting her finger-nails, and, moreover, could remember that a day or two previous to the onset of her throat trouble a piece of nail which she had bitten off had become lost in her mouth, but after it had caused a fit of coughing she had forgotten about it until reminded by my discovery. — *Dr. Tuthill in Medical Record.*

A CASE OF PROFOUND OPIUM-POISONING CURED WITH AMYL NITRITE.—The patient, a woman, was said to have taken two and a half ounces of laudanum.

She was lying on a bed totally unconscious ; face and hands of a livid purple ; pulse extremely feeble, rapid, flickering, intermitting ; pupils dilated, but ragged in outline, like the pupils of a dead person ; respiration did not exceed four per minute.

A hypodermic of atropine had been given at the doctor's first visit, but with no visible effect.

The first pearl of amyl nitrite was broken and imperfectly administered. The second was more carefully prepared, and the effect was most wonderful, calling forth expressions of surprise

from those looking on. The face and hands quickly resumed their natural hue. The respiration gradually but rapidly became natural, and the pulse became more steady, though still rapid and weak. Speaking to her, she opened her eyes, aroused thoroughly to her surroundings, and requested (not very politely) to be left alone. From this time on, nothing more was required. — *North Carolina Medical Journal*; *Massachusetts Medical Journal*.

FINGER-MARKINGS. — A full report of a lecture on personal identification, by Mr. Francis Galton, appears in "Nature" for June 21 and 28. Mr. Galton here presents a practical application of his favorite pursuit, the accurate description of physical and mental peculiarities. He proposes a very ingenious scale of divergences from the normal for any one feature, and has even invented a mechanical device by which the tedious labor of arranging a large number of such observations can be much abbreviated. The anthropometrical laboratory, at which any one can, under proper restrictions, have a record made of his chief physical measurements, is now open in London, and promises to yield valuable material for this line of study. In connection with this work, Mr. Galton has studied the striations of the human fingers, and is able to corroborate the value attributed to them as a means of identification. These markings are easily obtained, and the variety of them is larger than one would *à priori* imagine. The markings of a finger of Sir William Herschel, made in 1860 and 1888, respectively, are figured, and show a striking similarity. The difference in age of the two prints testifies to the wearing of the epidermis. The study is still in its infancy; but the success of such measurements for identifying criminals, as exhibited in France, promises to draw more general notice to the subject. — *Science*; *Boston Medical and Surgical Journal*.

COMBINED CHLOROFORM AND COCAINE ANÆSTHESIA. — In the "Lancet" of Aug. 4 there is an "annotation" under the above heading, giving the experience of Professor Obalinski of Cracow, as to its use, and his method of employing it.

In the London Homœopathic Hospital, and the Buchanan Cottage Hospital, St. Leonard's, I have for the last year or two increasingly used *cocaine* as a local anæsthetic in minor operations, such as the removal of sebaceous tumors, adenomata of the breast, and in amputation of the fingers and toes, etc., and have been very satisfied with the result. In only two cases have I seen any unpleasant effect result from it. There are, however, some patients upon whom the anæsthesia is not suffi-

ciently profound to insure a painless operation. But up to the present I have not been able to discover any peculiarity which would enable me to say beforehand whether the *cocaine* will produce a total or only a partial anæsthesia. There is a difficulty in performing operations upon children, such as circumcision, under *cocaine* anæsthesia alone, inasmuch as they are not old enough to understand what is going to take place, and their fear renders it impossible to keep them quiet. We have therefore for some time now proceeded in these and other operations very much in the same manner as that suggested by Professor Obalinski. *Chloroform* is administered on a Skinner's inhaler till the patient becomes drowsy and hebetually unconscious; then ten to twenty minims of a four-per-cent solution of *cocaine* are injected, in quantities of four to five minims, around the part to be operated upon. No more *chloroform*, as a rule, is needed after the injection. There is no sickness, consciousness is rarely entirely lost, and recovery from the effect of the combined anæsthesia is rapid.

Professor Obalinski's experience leads him to recommend the combined method for extensive operations. — *Dr. C. K. Shaw, in Homœopathic Review.*

THE "UNSEXING" OF WOMEN. — There is a phase of this discussion which must not be omitted. It is made important by the recent utterances of gentlemen no less prominent than Dr. More Madden, to the effect that extirpation of the appendages, for conditions such as I have been describing, unsexes a woman and deprives her of the power of propagation; and I am apprehensive that the delusion is entertained by other very respectable members of the profession who have not looked into the matter. I feel that from what I have already said, and from the specimens which I have already exhibited, you are convinced of the absurdity of the idea. As a matter of fact, the operation could not deprive a woman of her fecundity, for the very good reason that the incurable disease with which she is afflicted has already deprived her of that function, and there is no possibility of its restoration. But I presume reference is had to the notion that following the removal of the ovaries there is a decadence of the sexual appetite. In the first place, this is a mistake, and has been denounced as such by every operator of importance, including both Battey and Tait, who have pointed out that the removal of painful organs from the pelvis is promotive rather than destructive of sexual feeling. But, grant that it were true, is a woman to go through life racked with pain, that she may satisfy the lust of a man? The proposition is too repulsive to be discussed in decent society, yet this is logically just what

Madden is teaching. There are others, doubtless, who are prompted to advise against operation for the reason that the conservative line of treatment is vastly more remunerative to the practitioner; but I don't know that this view helps matters much, for it amounts only to a choice between prurient and venality. — *Dr. Read, in Four. Am. Med. Asso.*

SOCIETIES.

WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE third quarterly meeting of this society was held on Wednesday, Aug. 8, 1888, at the rooms of the Society, No. 13 Mechanic Street, Worcester, at 10.30 A.M.

The Bureau of Obstetrics and Pediatrics had this meeting in charge.

Through the efficiency of its chairman, Dr. N. R. Perkins, the secretary was able to forward the programme a week or more before the meeting.

The following list of papers was presented :—

"Under what Circumstances should the Physician interfere with Labor?" by Dr. E. A. Colby. "Care of Mother during the Delivery and Completion of Third Stage of Labor," Dr. E. L. Mellus. Discussion, Dr. E. D. Fitch. "Under what Circumstances should the Child be fed artificially, and the best means?" Dr. N. R. Perkins. "Exanthemata of Childhood," Dr. Adeline Williams. Discussion, Dr. D. B. Whittier.

Every member present was called upon by the chairman of the Bureau to discuss the several papers. As a consequence, much instructive experience was elicited, and the interest of the meeting enhanced thereby.

Action upon the revised constitution and by-laws was postponed till the next regular meeting.

LAMSON ALLEN, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

PHYSIOLOGICAL MATERIA MEDICA. By William H. Burt, M.D. Fourth edition. Chicago: Gross & Delbridge. 1888. 997 pp.

As is proved by the fact that popular demand has called for a fourth edition, Dr. Burt's work is too well known to need detailed description or analysis. Its arrangement is unique;

its object, in the author's own words, to tell "what a drug is, where it is obtained, how it is prepared for medicinal use, how it acts upon the human organism, what tissues it especially acts upon, how much of the drug it takes to produce certain results, and what are its characteristic therapeutics." The "physiological" and "pathological" action, so called, of each drug described — though we must take serious exception to the word "physiological," as being wholly a misnomer when applied to drug action — are given in a few terse, vivid sentences or paragraphs. The "therapeutic individuality" of each drug consists of "keynotes," and clinical symptoms and verifications, the intention of the author evidently being to distinctly favor, in this department, fact and practice rather than theory.

The major part of the book is in its original and well-known form. Five additional pages are devoted to coca, and an entirely new and "up to date" clinical index of 112 pages signalizes this new edition of a standard work. Careful study of this index will show it to fully justify Dr. Burt's claim that it contains more adjuvants "than can be found in any work on Practice in any school of medicine." In many cases, experience seems to have justified the author in giving to these adjuvants prominence over the homœopathic remedies recommended: a state of things which in certain quarters will stigmatize Dr. Burt as little better than one of the heretical.

The present volume is substantially and handsomely gotten up. *Materia medica* can scarcely be presented to the learner's mind from too many points of view. The present volume supplements rather than conflicts with most other works on the subject; and the fourth edition will doubtless meet with as marked favor as has its predecessors.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA. By James B. Bell, M.D. Third edition. Philadelphia: F. E. Boericke. 1888. 191 pp.

The only homœopathic physicians who do not own a copy of this now classic little work are probably those who have not chanced to see a copy of it. The two editions preceding the present one which the demands of popular favor has just called forth, have had a wide circulation, and been of unquestioned usefulness among physicians practising after the law of similars. Routine and limited prescribing is so common a temptation that it is profitable for us to be reminded, as is done by this little book, that there are other remedies for diarrhœa, dysentery, etc., in our homœopathic *armamentarium*, beside the aloes, podophyllum, mercurius, china, and colocynth, which are such familiar allies. Here, indeed, we are offered a choice of 141 medicines

for individualized manifestations of the diseases discussed; and many of the less known of these will merit careful study and trial. The price of the book will annually be saved, many times over, in saving of valuable time. The "author's remarks" appended to the "Indications" are, though brief, of much interest. The faults of the work are only those which are inseparable from our unscientific methods of study of drug pathogenesis, and our too ready credence in clinical "inferences." The volume is highly satisfactory in its form of presentation.

HOMŒOPATHY IN VENEREAL DISEASES. By Stephen Yeldham, L.R.C.P., M.R.C.S. Fourth edition. London: E. Gould & Son. New York: Boericke & Tafel. 1888. 192 pp.

The testimony here offered to the efficacy of homœopathy in venereal diseases is most gratifying. The tone of assured confidence in which all the recommendations of this little volume are made, has in it an agreeable ring of successful experience. It is satisfactory to know the fact that the remedies dwelt upon are both few in number and thoroughly well known, both pathogenetically and therapeutically. Clinical cases are abundantly given, and are clear, interesting, and convincing. The dosage is emphatically of the "low potency" order, though the doses are quite sufficiently minute to avoid the possibility of aggravation. It would be difficult to overpraise the good sense, usefulness, and full satisfactoriness of the portions of the work which are devoted to treatment. They emphasize anew the stability of homœopathic therapeutics, in a world and age of rapidly-shifting medical fads, fashions, and "new discoveries." They supply a practical, every-day need, and teach truths invaluable in application.

This being the case, it is matter for the more acute regret, that the pathology of the book should be so far out of touch of recent scientific discoveries and knowledge. There is no overlooking the fact that there is here followed that quite obsolete classification which considers "soft chancre" under the head of "primary syphilis." Time no longer is when soft chancre is considered as related, even remotely, to the initial stage of syphilis.

"Syphilis is as different from chancroid" — soft chancre — "as night from day," is the authoritative utterance of the latest writer on the subject. The difference between the two is infinitely more marked than the names imply. Unfortunately for that unanimity of nomenclature whose absence often plunges the student into confusion of mind, some authors speak of the soft chancre as "chancroid," others as "contagious venereal ulcer;" a name that by no interpretation can be made to suggest syphilis.

It is to be hoped the time is near, when the correct and conclusive nomenclature of "contagious venereal ulcer," and "primary lesion of syphilis," or, more simply, "syphilis," will be universally adopted for what are at present respectively termed "soft chancre" and "hard chancre."

The pathology of a disease, however interesting, is entirely second in importance to its treatment; and therefore, despite its faults, this little volume is of sincere and substantial value, and of much every-day usefulness to the homœopathic practitioner.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES. By Robert W. Taylor, A.M., M.D. Parts I. and II. Philadelphia: Lea Brothers & Co. 1888.

Rarely will high expectation be more entirely met than in the case of this long-promised "Atlas," whose first two parts are now before us. Much was justly anticipated from a work written by so noted a specialist, illustrated with all the wealth of resource that can now be brought to such an undertaking, and published by a house which spares nothing to render perfect all that issues from its press. All the anticipations so raised bid fair to find themselves justified. The two parts now offered of Dr. Taylor's "Atlas" are truly noble specimens of modern medical literature. Their arrangement is most convenient, the illustrations being inserted as near as possible to the corresponding explanatory text. The etiology, pathology, diagnosis, and treatment here set forth give the latest views and recommendations of "rational" medicine, and, treatment apart, are full of interest and instruction for practitioners of any school. Part I. contains 115 pages and 9 plates 14 X 18 inches. The text treats of gonorrhœa, its complications and sequelæ, of balanitis, herpes, vegetations, phimosis, etc., of chancroid, and of the initial lesion of syphilis. Part II. contains 21 pages and 7 plates, and continues the description of syphilis, discussing many of the secondary lesions.

The plates, each of which represents several figures, are of an excellence almost above criticism. Those with an eye for fine gradations of color can best appreciate their fine and exceptional accuracy in this respect.

The work is to be completed in six more parts, which are promised two every two months. It is to be sold by subscription only, at the rate of \$2.50 per part.

MICROSCOPICAL DIAGNOSIS. By Charles H. Stowell, M.D., and Louisa R. Stowell, M.D. Detroit: George S. Davis. 250 pp.

Most of the chapters here collected in book form have from time to time appeared in various medical publications, and are

not, therefore, wholly new to the profession. As now arranged, they are divided into three parts: the first part treating of the use of the microscope, and of the histology of various parts and products of the body, normal and pathological; the second part of vegetable histology; and the third, consisting of "Hints on the Preparation and Mounting of Microscopic Objects," written by Mr. W. H. Walmsley of Philadelphia. The text is terse and lucid, and the illustrations in the main helpful and accurate, if not always elegant in execution. For a work published at a moderate price, the present one is highly acceptable and suggestive, and to be commended for hurried consultation to the busy practitioner whose leisure permits him to, as it were, only touch hands with science.

THE MODERN TREATMENT OF HEADACHES. By Allan McLane Hamilton, M.D. Detroit: George S. Davis.

THE INFECTIOUS DISEASES. By Karl Liebermeister. Translated by E. P. Hurd, M.D. In two volumes. Detroit: George S. Davis.

DISEASES OF THE HEART. By Dujardin Beaumetz, M.D. Translated by E. P. Hurd, M.D. In two volumes. Detroit: George S. Davis.

THE TREATMENT OF HÆMORRHOIDS. By Charles B. Kelsey, M.D. Detroit: George S. Davis.

THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA. By G. M. Garland, M.D. Detroit: George S. Davis.

THE INTESTINAL DISEASES OF CHILDREN. By A. Jacobi, M.D. Detroit: George S. Davis.

The above-enumerated works all belong to the thoroughly excellent series of small pamphlet volumes published under the general name of the "Physicians' Leisure Library." This series, from its excellent make-up, phenomenally low price (25 cents a volume in paper, 50 cents in cloth), has already won its way into public favor, and quite deservedly so. It is of a size convenient to be carried in the pocket, and held and read without weariness, by the city physician bound by train to a consultation, or his country *confrère* jogging along in his buggy from patient to distant patient. They give, in a condensed but entirely lucid form, the wisdom of well-known specialists on the subjects of their choice. While the therapeutic sections of the treatises will be of comparatively little value to homœopaths, they may yet pick up many really valuable hints on pathology, adjuvants, diet, and other points where knowledge is of value to them, from these

highly convenient and readable little books. The quarter or half dollar invested in one will pay ample interest.

THE SEPTEMBER CENTURY earns the right to call itself an "educational" number: its contributions on educational topics being many, and of the highest interest and value. Among them are articles on the ancient school of Uppingham; on The University and the Bible, by Dr. Munger; on Women who go to College, by Arthur Gilman; and on College Fraternities, by John Porter. There are other essays on various subjects; a touching and powerful short story called "The White Cowl;" and full measure of verse. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for September numbers nineteen contributions. Among the most interesting are "Eye-Mindedness and Ear-Mindedness," by Professor Jastrow; "The Opium Habit," by Virgil Eaton; and "Antagonism," by William Grove. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE. By Joseph W. Howe, M.D. New York: E. B. Treat.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott Company.

TUMOURS OF THE BREAST, AND THEIR TREATMENT AND CURE BY MEDICINES. By J. Compton Burnett, M.D. London: James Epps & Co.

REPORT OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY FOR THE YEAR 1887-1888.

ADDRESS DELIVERED BY THE PRESIDENT OF THE PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY, Hugh Pitcairn, M.D., at the twenty-fourth annual session, Sept. 18, 1888.

ANNUAL REPORT OF THE COMMISSIONERS OF PENSIONS FOR 1888. Washington: Government Printing Office.

MISCELLANY.

"WHY, Pat, for heaven's sake what is the matter?"

"Well, sorr, I swallied a pertater-bug, and, although, sir, I took some parrus green widin five minutes after ter kill th' baste, shtill he's just raisin' th' divil inside o' me, sorr." — *Life*.

It is said that women are more imaginative than men; but a physician gave to one hundred of his hospital patients a dose of sweetened water, and shortly after entered the room greatly agitated, saying he had by mistake administered an emetic. In a few minutes four-fifths of the subjects were affected by the supposed emetic, most of them being men, while every one not affected were women. — *New York Medical Times*.

PERSONAL AND NEWS ITEMS.

A NEW, thoroughly revised, and much-enlarged edition of Messrs. Reed and Carnrick's Diet Tables is at hand. These little leaflets, enclosed in a neat cover from which they are readily detachable, are offered to the profession free, on application to the publishers. Their dietetic hints are numerous, varied, and exceedingly useful, and the tiny volume will be found a welcome addition to the physician's bag.

DR. N. W. EMERSON has returned from Germany, where he has been for the past two years, and will resume practice in Dorchester.

DR. CLARA E. GARY has removed her office and residence from 767 Tremont Street to 546 Columbus Avenue. Her office hours will be: mornings usually until 9.30, and afternoons 2 to 4; on Fridays, from 4 to 6.

DR. CAROLINE E. HASTINGS desires to announce that she is now prepared to make examinations (microscopical or chemical) of tumors, urine, blood, sputum (for suspected bacilli), pus, and other morbid secretions.

DR. J. E. SLAUGHT has removed from Hamilton, N.Y., to Warsaw, N.Y., as successor to Dr. C. C. Curtis.

MESSRS. KRASBEY & MATTISON, the well-known manufacturing chemists, have removed their offices from Philadelphia to their extensive works in Ambler, Penn.

DR. SAYER HASBROUCK has leased a suite of rooms at No. 109 High Street, in Providence, where he will remove his office from his present location at 305 Westminster Street. His rooms are large, and he has fitted and furnished them in an elegant manner. We congratulate him on his success.

THE Murdock Hospital Post-Graduate Course will include two courses of instruction in diagnostic and operative gynecology during the winter of 1888-89. Each course will continue twelve weeks; the first beginning Friday, Oct. 5; the second beginning Friday, Jan. 4. Three clinics will be given each week. It is the purpose to make the instruction unexcelled in its practical character. Classes are limited to ten each. For full particulars, physicians should address Dr. Horace Packard, 295 West Chester Park, Boston.

FROM J. LEWIS SMITH, M.D.,

Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, Physician to Charity Hospital and New York Foundling Hospital.

62 WEST FIFTY-SIXTH STREET, NEW YORK, Jan. 7, 1886.

The increased attention which has been given to the preparation of foods for infants during the last few years has resulted in the introduction in the market of certain compounds which have real value. . . . To the long list of infant foods known to the public, that recently added by Messrs. Wells, Richardson, & Co., so far as we can judge from its limited use, extending over only a few months, promises to be one of the best.

J. LEWIS SMITH.

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society will be held in Steinert Hall, cor. Boylston and Tremont Streets, on Wednesday, Oct. 10. The meeting will be called to order at ten o'clock. The bureau of gynecology will be the first one to report, and a full meeting and prompt attendance is desired. A full programme will be issued in a few days.

A WORK on "American Climates," in relation to the treatment of diseases, by Dr. Bushrod W. James, Philadelphia, Penn., is in progress. The doctor having travelled a great deal, and being a close observer, will speak from personal experience and observation of many of the localities mentioned.

BACK numbers of "The Hahnemannian Monthly" (published previous to January, 1888) may be obtained from the office of the Hahnemannian Company, limited, S. E. cor. 18th and Mount Vernon Streets, Philadelphia, Penn.

A TEXT-BOOK OF GYNECOLOGY, designed for the student and general practitioner, by A. C. COWPERTHWAIT, M.D., Ph.D., L.L.D., Professor of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa; President of the American Institute of Homœopathy; author of a Text-Book of Materia Medica, Insanity in its Medico-legal Relations, etc., is announced by Messrs. Gross & Delbridge, and will be given to the profession in the present month. Concerning it, the publishers say, "This work is the outgrowth of a need felt by the author, as a teacher of gynecology, for a reliable and systematic text-book upon that subject, which should include the homœopathic treatment of gynecological diseases. The same need has been felt by the profession, and especially by students, who have been obliged to depend largely upon old-school text-books. The present work is designed to obviate this necessity in the future, and to furnish the student and general practitioner with a complete and systematic treatise upon the diseases peculiar to women, including their homœopathic therapeutics. The enviable reputation of Professor Cowperthwaite as an author and teacher is sufficient guaranty as to the accuracy and reliability of this work."

OBITUARY.

WILLIAM VON GOTTSCHALCK, M.D.

DR. VON GOTTSCHALCK, whose death on the 15th of September last is so sincerely lamented by his colleagues, was an earnest soul, — a whole-hearted man. He never did or said any thing by halves. The same energetic and liberal spirit that led him into medical revolt at Leipsic, where he was educated, led him to Switzerland, thence to France, and thence again in 1851 to America.

No one who ever saw the graceful form of the doctor, clad as it always was with a certain characteristic elegance, could find it difficult to believe that he was of gentle birth, and thus was well entitled to his prefix "von." Neither could one, on even a superficial acquaintance with him, doubt that he threw his whole soul into every thing that engaged his attention. Thus it was with homœopathy. He was a homœopathist by conviction entirely and unreservedly. It was natural, therefore, that he should become one of the pioneers of homœopathy in Rhode Island.

Notwithstanding the fact that he was of foreign birth, and an adherent of a new and a stigmatized medical creed, he soon drew around him a large circle of patients and friends, whom he retained to the end of his life. Having secured the confidence and support of this influential *clientèle*, he utilized its influence not for his own advancement, but for that of his beloved art.

His first efforts were directed toward the re-organization of the Rhode Island Homœopathic Medical Society, of which he afterward became the president. To the establishment of a homœopathic dispensary he devoted much valuable time and untiring effort.

But the crowning work of his life was what, by his incessant toil, — a labor of love to him, — he was able to accomplish toward the founding of the Rhode Island Homœopathic Hospital. To him more than to any other person are the homœopaths of Rhode Island indebted for their beautiful and finely situated hospital.

Outside the State which was his immediate field of work, his love of homœopathy led him to prominence in the American Institute, where by his social qualities and earnest labor he obtained and held the position of chairman of the Bureau of Anatomy and Physiology for many years. By friends and colleagues, far and near, he is sincerely mourned. The Rhode Island Homœopathic Society, through a specially appointed committee, have passed appropriate resolutions of eulogy and regret.

C. A. B.

THE
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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,
Boston, Mass.

EDITORIAL.

—♦—
FROM FAR-AWAY LANDS.

GOOD news from "very far off" reaches us in the reports, lately received and cordially welcome, of the Melbourne Homœopathic Hospital, and the Calcutta Homœopathic Dispensary. A well-beloved Boston physician, whose quaint speech is heard now—alas!—only as an echo of memory, once said that though Germany was the cradle of homœopathy, "the baby has gone out." Such records as these reports present, of the doings and growth and successes of homœopathy in such far lands as Australia and India, give us a realization, both pleasant and proud, of how far the lusty "baby" has travelled, and what a precocious infant, after all, it is. MELBOURNE reports many items of interest: as, for instance, that in spite of increased expenses, owing to the greater number of patients treated, not only have the annual expenditures all been promptly met, but the outstanding debt of the hospital has been reduced by £157. In addition to which, the cost of building and furnishing a new wing to the hospital has been undertaken by some munificent unknown friend: so that its possibilities of usefulness will soon be largely increased. The medical term of Dr. Bouton, for several years an officer of the institution, having expired, he has been re-engaged, and will

continue in what has proved congenial and efficient service. The total number of cases treated in the hospital, for the year just ended, is 173; the death-rate 9.82 per cent: a mortality in judging which is to be considered the fact that "two deaths from typhoid occurred within 20 hours after admission; 1 typhoid and 1 apoplexy within 60 hours; and 1 typhoid, 2 apoplexy, 2 phthisis, and 1 violence, within 70 hours; showing that in these 10 cases very little opportunity was given for any treatment."

A well-established and apparently well-appreciated training-school for nurses is now connected with the hospital. Altogether the word from Melbourne is a very cheery word, and will be hailed with much satisfaction by all whose interest in homœopathy is larger than local.

The report of the CALCUTTA HOMŒOPATHIC DISPENSARY — a unique and most far-reaching charity, of whose origin and work some account was given in the GAZETTE for November, 1887 — is also both encouraging and highly interesting. The cosmopolitan city in which it is situated seems happily appreciative of its usefulness; and such generous contributions are made toward its support, as enable it to meet its running expenses without fear of debt. An endowment fund is, however, highly desirable; and as, fortunately for the progress of the world, there are those who find foreign mission work, whether in fields material or spiritual, more to their taste than like work at home, it is to be hoped that some such will actively interest themselves in the Calcutta Dispensary, and with gifts of money, medicines, or books, help on its good work.

There is something which appeals to even a dull imagination, in the picture suggested by the brief phrases of the report, of the crowds of strange folk, Hindus and Mahometans, coming from "remote parts" to bring their sick for what must seem to them the magical healing conveyed in the little phials of colorless liquid, and the little packets of tasteless powder. To the lover of the picturesque, — and to their misfortune, American dispensary doctors may sometimes cherish such tastes, — such patients as those suggested would prove a not unwelcome variety.

The few clinical cases embodied in the report are of great interest; especially one of a worker in brass, who had completely lost

the working use of his left hand through a progressing numbness which made it impossible for him to "carry a plate, or use his instruments;" and to whom sensation in the parts, and their consequent serviceableness, were completely restored by treatment for two months with *sulphur* 3x. Some valuable hints, which our Calcutta friends would do us great service by supplementing with scientific provings, are given of the powers of the Indian drug *ficcus indica* in the treatment of diabetes and spermatorrhœa.

Of the 5,901 patients treated during the year, 66.73 per cent are reported as cured: many of the remainder are still under treatment, and many others have failed to report themselves for observation.

All friends of homœopathy and of charity will wish that the dispensary, in the quaint and classic phrase which its founder employs toward its friends, "may enjoy peace and health."

EDITORIAL NOTES AND COMMENTS.

THE OCTOBER MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY was, in the main, a very pleasant and a very profitable occasion. The papers read were interesting and able, the discussions animated, the social atmosphere warm and cordial, and — consideration not to be despised by the hard-worked practitioner who sacrifices his dinner to the cause — the lunch all that could possibly be desired. BUT — and this is so very big a "but" as to justify its being capitalized — there was one drawback to the success of the occasion, which cannot be too regretfully dwelt upon. We refer to the extraordinary tardiness of the members in presenting themselves at the session, — a tardiness so universal as to postpone, on the present occasion, the opening of the meeting almost two hours beyond the hour announced, with the inevitable result of crowding the work most distressingly, abbreviating the reports of several bureaus, and altogether forcing out the report of a bureau of great interest and importance, for which several valuable papers

had been pains-takingly prepared. The misfortune of such a state of things needs no comment. The contributor of a paper, to which much work and thought have gone, is quite justified in looking for the reward of his work in the elicited opinions of his colleagues on his chosen subject; and it is a disheartening substitute for this, to be assured that his paper will be hereafter inshrined — or shall we be candid, beloved brethren, and say entombed? — in the next volume of "Transactions."

Since this tardiness, like Mr. Pecksniff's inebriety, is "not to be wept for, my friends, because it is chronic," the experiment of a radical change of arrangement has been agreed upon for the April meeting of the Society, which is to occupy two days instead of one. This great gain in time will imply gain in many directions: in affording a little semi-annual vacation, wherewith physicians at a distance from the "Hub" may pleasantly diversify their work; in the increased leisure, which means social opportunity; and most importantly, in the emancipation from that railroad pace at which our work has hitherto perforce been taken. A society-session of two or more days has long successfully obtained in the States outside New England. It is to be hoped that it will meet the favor, and be assured the practical support, of our Massachusetts homœopathic physicians.

THE GREAT INTERNATIONAL MEDICAL QUARREL goes merrily on, and promises to do so until the disputants share the fate of the "two cats of Kilkenny," where "each thought there was one cat too many," and who prosecuted their warfare till excepting

" . . . some bits of toe-nails,

Instead of two cats, there weren't any."

It is highly entertaining for the medical cynic to place in parallel columns the last presidential address of some medical association, wherein the dignity and unity and world-embracing fraternity of the "regular" profession is eloquently set forth, and the newspaper reports of the interviews with Dr. Bergmann and Dr. Mackenzie. The cynic aforesaid must relax into a grin of unsanctified glee, on reading how Dr. Mackenzie says the German doctors would have killed the Emperor off-hand with

their murderous experimenting, and Dr. Bergmann says that Dr. Mackenzie did kill the Emperor by his cowardly procrastination; and Dr. Bergmann further adds that Dr. Mackenzie knows nothing above or below the larynx, and Dr. Mackenzie responds that he's another. The morals of this controversy are many and peculiar. First, that safety in illness—in Germany, at least, let us hasten to add, for fear of being invidious—seems to lie in the golden mean of social standing: since the poor man in the clinic is likely to be injured by being made the subject of experiment, and the great man on the throne is absolutely certain to be killed by it. Again, that as if you scratch a Russian you find a Tartar, so if you scratch a great healer you find a jealous tradesman. Again, that all the invectives concerning ignorance and dishonesty have not, as we have hitherto supposed, been spent on the homœopaths, but a legal share has been generously laid aside for fraternal interchange by our friends of the united "regular" profession. And yet again, though not lastly, since the morals which might be drawn stretch away into infinite space, that if the intelligent public do not discover the fallibility, not to say the peccability, of their medical popes, before the present thoroughly disgraceful warfare is ended, the adjective "intelligent" will be forfeited by the public forever.

A CORDIAL WORD OF GREETING is offered to our young brother in journalistic venture, "The Medical Student," whose first issue is now before us. Published by the students of the Boston University School of Medicine, it cannot fail to be welcomed by all alumni of the school, who understand that undergraduate life can only be truly reflected in the expression of undergraduate thought, and whose interest in that life can never be other than living and affectionate. It is an excellently gotten-up little journal, and its first issue has many entertaining contributions. The editorials are of a pleasant style and an earnest ring, and promise well for the future. We may be allowed to enter a good-humored protest against the somewhat caustic comment in the editorial columns, on the request, appearing elsewhere in the issue, for instruction in the correct writing

of prescriptions. It is, perhaps, putting it a little strongly to say that "as true homœopaths . . . we should have no need of prescriptions, and hence no need of instruction in the art of writing them." For instance, ignorance of prescription-formulæ must render unintelligible to the student, the majority of contributions to English homœopathic journals, since it is by no means the rule for English homœopaths to "dispense" their own medicines, and when recording the prescription made in a given case reported to a periodical, they are more than likely to do so in the convenient conventional symbols. Again, few homœopaths disdain the occasional employment of some simple adjuvant, for external application, let us say; and when noting its formula for the patient to procure, it is certainly more professional to do so in the form universal in the profession. A little knowledge on such technical subjects is no such undesirable possession, after all; and while we can hardly admit the necessity of its inclusion in the curriculum of our homœopathic colleges, we should yet cordially recommend to "P." the study of some such accurate and concise little work as that on "Prescription Writing," written by Frederick Gerrish, and published by Lippincott & Co.

We trust the above will be taken by our heartily esteemed new contemporary, as it is offered, in a "spirit of love," and not of carping. We congratulate "The Medical Student" on this fair beginning of what we feel sure is destined to be successful and influential work, and extend to it with all heartiness the right hand of fellowship.

COMMUNICATIONS.

A REJOINDER TO DR. HUGHES.

BY PROSPER BENDER, M.D., BOSTON, MASS.

DEAR DR. HUGHES,—The courteous letter which you did me the honor of addressing me through the September number of THE NEW-ENGLAND MEDICAL GAZETTE, I have read with much interest. At the opening, you remark, with reference to my "Address" delivered before the Hahnemannsis Societas, B. U. S. M., Feb. 9, 1888: "I was naturally somewhat troubled

at seeing students warned against a mode of homœopathizing which you associate with my name, and I read on with some curiosity to see the grounds of your admonition ;” and you add you were not “a little astonished” to ascertain that in reality you had fulfilled every requirement of the law I had advocated of practising according to the totality of the symptoms. In support of this statement you cite the introduction to your work on “Therapeutics.” I am happy to admit that in the chapter mentioned you have fairly and ably vindicated “the scientific accuracy and practical adaptability” of the law of *simillimum* ; but, as regards the therapeutical hints interspersed through the body of the work, I regret to have to say, they seem of a nature to induce the investigator to adopt an “easy made,” simple system of homœopathy, which cannot be successfully practised, leading in many cases to discouragement and doubt. But more of this anon.

To return to your letter. You state that “you and I mean something very different by the phrase ‘totality of symptoms,’” your view being similar to Hahnemann’s ; i.e., “that the patient’s condition shall find as close a reflection as possible in the pathogenetic effects of the drug.” Now, I cannot imagine on what grounds you hold this opinion. In the “Address” under discussion, I particularly and emphatically assert my belief in that law, repeating it more than once. I acknowledge I alluded to the difficulties occasionally experienced in selecting the *simillimum* from an array of symptoms, but I do not think I said, nor did I mean, that such was “illusory,” or any thing of that nature. I tried, however, to point out to the students expedients or “short cuts,” with a view to facilitating the selection of the right remedy, naming several, with the careful reminder at the same time, to “select a medicine which will not only cover single symptoms but the totality of them,” and to “prescribe according to the totality of the symptoms, whatever the name of the disease” (*vide* “Address”). But, while I believe in the law of similars as enunciated above, I, too, must assert that “you and I mean something very different by the phrase ‘totality of symptoms,’” as I shall try to show in this letter. You have correctly apprehended the law in the introductory chapter you refer to, but you give little evidence of its recognition or influence in the rest of your work.

In relation to the therapeutical rules which I suggested to the members of the society, styled by you “empirical expedients,” you observe : “These indications, I say, are mostly empirical. There is nothing about mechanical injury in the pathogenesis of hypericum, or of a wetting in that of rhus. The ‘keynotes’ of Guernsey and his followers are only ex-

ceptionally to be found among the effects of the drug on the healthy body. The mental symptoms of certain well-known remedies doubtless appear under their headings in the pure *materia medica*, but so they do under those of a hundred others with which they have never been associated. The same may be said of the conditions; and both are so mixed up with others of opposite character as to be practically neutralized." In a species of happy second thought you state in the next paragraph, "Please do not understand me to be denying the value of such indications. I have dwelt on them all in various places in my books, and use them all in my daily practice. The point I am making is, that they are outside of homœopathy proper."

I am aware "there is nothing about mechanical injury in the pathogenesis of hypericum, or of a wetting in that of rhus," but I am sure that you will not challenge the fact that the train of symptoms in both remedies closely correspond with those following such factors. In the pathogenesis of hypericum we have most of the symptoms witnessed in injuries of the nervous tissues, and in rhus an almost identical reproduction of the picture of the case of a person who has been exposed to a drenching rain. The provers of hypericum, while suffering from severe pains in the spine and back, with numbness and crawling in the limbs, felt exacerbations from motion or pressure; the provers of rhus experienced, in addition to aching in the muscles, stiffness of the joints, aggravation during rest, and relief from motion, and a marked susceptibility to atmospheric changes such as an approaching storm or wet weather. The provers of aconite exhibited, beside mental and physical restlessness and uneasiness, decided susceptibility to dry, cold winds; the provers of ignatia were particularly affected by worry or grief, and so forth. These are well-known conditions following equally well-known causes.

But here is a stronger case in point. When we are called to patients affected with infectious diseases, remedies are suggested by the phenomena present only; we do not seek for drugs which can produce the *materies morbi* of those affections, since none are known to us. As in the clinical cases quoted in the "Address," we prescribe for the results which we associate with certain causes. To repeat: we know from clinical observation that a person who took a wetting is likely to be affected in the same manner as the one who is proving rhus; that the party who meets with an injury of the spine suffers pretty much in the same way as the prover of hypericum. Symptoms and conditions identical are present in both instances. Hahnemann himself trusted to clinical verifications when repeatedly noted useful by competent observers *in usus morbis*; and in the hands of reliable and

observant practitioners hypericum, rhus, and arnica have been proved clinically effective in the removal of the symptoms described. This is surely more than what the lawyers would style *prima facie* justification. In fact, as you are aware, some of the most reliable symptoms in our materia medica are of clinical origin.

On the subject of "characteristics," or "keynotes," Hahnemann expresses himself thus (section 153): "This search for a homœopathic specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon, and peculiar* (characteristic) features of the case (102) are especially, and almost exclusively, considered and noted; for *these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease and to almost every drug." On this point, I have taught the students in the clinics, there may be marked similarity in the general effects of several remedies, but each has a distinctive characteristic by which it may be individualized and set aside from any other. In disease, I counselled, endeavor to single out the characteristic symptom, and then find a remedy which has a similar symptom in its pathogenesis, when generally it will be seen that the other symptoms correspond with it. The law of relationship of curatives to disease is based on these characteristics; around them the minor symptoms cluster or harmonize, and thus make a *tout ensemble*. No Hahnemannian contends he can prescribe exclusively upon any "keynote." All the symptoms taken collectively are necessary, giving, however, especial prominence to some.

The experience of many brother practitioners also corresponds with my own as to the great value of the mental symptoms, often directing us to the right remedy. A physician who is not acute may not readily distinguish between the mental conditions of acon., ars., chamo., coffea, nux, puls, etc.; but to the observant they are as distinct as day is from night, and they prove the rational guide to the proper remedy. You remark towards the end of your letter, that what "the patient desires to be rid of is his malady: . . . it is not the peculiar way in which this may affect his nerves." But, my dear doctor, you

will hardly dispute the fact that it is the state of his nerves, as expressed by his symptoms, which best indicates the remedy to be given.

I believe the neglect of the conditions you so little value, often results in failure to cure. I think them only less important than the mental state. Hahnemann gave both great consideration and prominence. The aggravation by motion or rest is one of the leading factors in the pursuit for the similar in rheumatism; and the effects of the weather in certain mental states will often help us to secure the fitting remedy. With regard to symptoms in their relation to time, is not the hour when the chill in intermittent fever appears, one of the main indications? Is not the hour of the return of pain in neuralgia, or the paroxysm of cough in phthisis, or the spasm in asthma, a valuable guide in the selection of the remedy? I would like to enlarge on this subject, but for regard for the *GAZETTE*'s space I refrain. I must, however, iterate, unless we closely individualize the symptoms of the case, the curative specific will elude our grasp, when the patient may either slip through our hands to join the "majority," or long elude our skill.

Now, with your permission, I will give my reasons for the statement in the "Address," that your "recommendations often proved disappointing," although I admitted that through their aid I not seldom made "a brilliant cure, but oftener, when moving solely by these lights, failure occurred." I shall here illustrate some of the perplexities which may arise from a sole dependence upon your Manual. Let us suppose that I have a case (I take a subject at hap-hazard) of vicarious menstruation. Under that heading, I find in your volume on "Therapeutics," p. 408: "Dr. Leadam recommends ferrum, and Dr. Carroll Dunham bryonia, as the most suitable; hamamelis also has occasionally effected this purpose." Both these gentlemen take high rank as able physicians and authors in their respective countries. If I were an Englishman, I would likely give ferrum; if an American, bryonia. I may or may not hit off the case with either, depending upon, if I have accidentally struck an appropriate case, where one or the other remedy is called for. If I fail with both, I naturally resort to hamamelis; but here again I may be disappointed, for that particular case may demand a totally different remedy. What follows such a groping about in prescribing? Is one not likely to become disgusted, and throw homœopathy aside, as having been tried and found wanting?

The Hahnemannian proceeds very differently. He consults all the symptoms of the case, the conditions, concomitants, and so forth; and when he has finally decided upon a remedy, pre-

vious experience justifies him in expecting that it will act satisfactorily. If the pulse be irritable, blood flowing from the nose, dark and clotty, in a patient with cold hands and feet, who is easily fatigued and flushes from the least excitement, he gives ferrum ; if, on the other hand, she belongs to the bilio-lymphatic temperament, inclined to be irritable, the blood brown, the discharge starting or increasing by motion, he administers bryonia ; if, again, the blood be dark, venous-looking, flowing passively, varicose veins of legs, with relief of the pain in the forehead from the flow, he orders hamamelis. But the subject may call for puls. instead ; blood alternately pale and dark, chilliness indoors, with sense of suffocation, relieved in the open air, the emotional faculties so affected that the least thing will cause weeping ; or perhaps bell., with its hot red blood, congested face, drowsiness but inability to sleep, etc. ; in point of fact, any remedy in the *materia medica* may be the *simillimum*. You may say, however, "the investigator should consult at the same time my work on Pharmacodynamics." But here also he may find himself stranded, for under the above remedies there is hardly any better "precisionizing" in the manner of a Hahnemannian. The same objections might be urged against many other equally vague prescriptions of yours, but enough on this subject for the present.

In truth, dear Dr. Hughes, you have sought to give your readers an easy system of homœopathy ; a dependence upon which will frequently lead to professional failure. Your system is, in a measure, the old-school generalization, exempting one from the laborious method of the differentiating of the elements of the case and of drug-action. You overlook the subjective symptoms, the modalities, conditions, etc., which generally enable the Hahnemannian to prescribe successfully. You seem to consider all the symptoms of a given case as a whole, to be treated as such. Now, the simple name of a disease does not help the healer in the solution of the problem of the best remedy ; it is the phenomena presenting themselves.¹ Nor does the fact of a certain remedy having once proved useful, afford any particular aid in the bulk of the cases bearing a generic resemblance to that disease ; a correct decision being obstructed, not seldom, by the varying decisions of perhaps a dozen authorities on the subject.

I have found it "illusory" in practice to base my selection of a remedy upon pathological conditions, or, in other words, to select a drug because known to affect one particular organ,

¹ P. P. Wells truly says, "The modern resort to *generalization* in pretended homœopathic practice and teaching, is ever an exclusion of all which is essential to the philosophy of the natural law of therapeutics."

which I suspect to be affected, unless I have positive evidence of a disturbed balance in its functions, as manifested by pain, etc. We must choose a remedy capable of modifying the healthy functions in the same manner as the malady does; including characteristics, conditions, concomitants, and so forth. When the pathological conditions and symptomatic indications are in clear relation to each other, the case is easy and simple; but often you cannot recognize any distinct pathological state, and then your location of the seat of disease must be a simple surmise. Under such circumstances, the prescription of the adherent of the pathological school must be problematical in its effect. Daily experience teaches me that the strict inductive method of Hahnemann is the only safe and reliable one.¹

No physician can be successful who is not familiar with the laws of life in disease and in health, and the means of maintaining the latter and correcting the former. Disease is many-sided, and should be studied in all its phases, as well as the manner in which remedies are capable of modifying the healthy functions of the human body. I yield to none in recognizing the importance and utility of pathology and diagnosis in their clinical bearing: a complete knowledge of disease, its causes, course, duration, morbid anatomy, and ultimate issue, being essential to success in the practice of medicine. But in summing up a case with the view of prescribing, we must include all the symptoms, subjective and objective, with their conditions, etc. If these be excluded from the picture, an imperfect selection is most likely made. The symptoms by which we diagnose a disease are often of little or no assistance: it is the symptoms which are peculiar or unusual, and not those belonging ordinarily to the diseased organ, which should take precedence. These characteristics point to one remedy or a group of them, and then the incidental manifestations come in as "clinchers."

I began this reply by a tribute to the courteous tone you adopted in addressing me, and this, as far as I know, has been characteristic of all your utterances in discussion. There is one allusion, however, in the first part of your letter to me, which marks something approaching an exception to your usual delicacy; but I suppose that haste or heedlessness will be the explanation. You say, in referring to my selection of ipecac in the case of broncho-pneumonia, which I reported, that you too

¹ Dr. Carroll Dunham, in speaking of pathology as a basis of treatment, says, "The endeavor can never be successful, inasmuch as the function of pathology is to furnish not an indication for medical treatment, but simply a means of elucidating and collating the symptoms. The result has been a sad falling-off from the standard of success in practice, which was established by Hahnemann and his pupils." He also states elsewhere, "Success in treatment, based upon a pathological consideration of the case, must depend on the correction of the pathological hypothesis, a matter in which certainty can never be attained."

would have prescribed the same, and that "without consulting Jahr." There is here the suspicion of a reflection which, for the sake of yourself as well as my claims, I would have preferred unwritten. The casual reader might infer that I was not conversant, at the time I wrote, with the symptomatology of ipecac, whereas in the "Address" I stated the related incident occurred "when I began the study of homœopathy," some few years after I graduated (in 1865). At a similar stage of your own homœopathic professional experience, it is quite possible that you yourself might have been obliged to refer to some authority on the subject.

I cordially recognize that you have presented to our English *confrères* a method of practising homœopathy, which, by its simplicity, enforced by a felicitous diction and unusual lucidity, immediately commanded their respectful attention and approbation; but candor compels me to add that those who will adhere to your method will not prove the best exponents or most successful practitioners of our school. When I prescribed by such aids as you present, I felt less confidence in my prescriptions than after I had adopted the Hahnemannian system. Now, when I have found a remedy whose record corresponds closely with that of the sick phenomena, I am satisfied that my services will prove profitable to the patient. I admit the study of whole columns of symptoms is a laborious task, but the reward and satisfaction it generally yields constitute a sufficient recompense to the conscientious physician.

In conclusion let me say, I have thought it my duty to notice every point you made, and refute it, if able, for the sake of the cause we both have at heart, even if differing in some respects in its practice. I hope I have shown my appreciation of your spirit of candor and earnestness in reviewing my humble article; but I have too high an opinion of your character and qualifications as an able, learned author, as well as an experienced, zealous physician, to imagine that you would shrink from a full, sincere expression of my mind on subjects and courses not only highly interesting to our profession, but deeply concerning that vast and rapidly increasing multitude, in all civilized nations, whose confidence and highest temporal interests are so closely bound up with the great and beneficent system of homœopathy.

I am, dear Dr. Hughes,

Faithfully yours,

PROSPER BENDER.

134 BOYLSTON ST., BOSTON, MASS.,
Sept. 30, 1888.

JAGGS. — "Why, what on earth is the matter with your face? It looks like an over-ripe tomato." BAGGS. — "Nothing — er — you see, I've been taking spring medicine to purify my blood." — *Philadelphia, Cal.*

TWO USEFUL NEW INVENTIONS: A DEODORIZER AND A BEDPAN.

BY HERBERT C. CLAPP, M.D., BOSTON.

[Read before the Hughes Medical Club.]

A CERTAIN friend grew into adolescence, according to the will of his parents, as Abimelech Frank Lee. When, however, he became old enough to express his own opinion on the subject, he chose to be called A. Frank Lee; and if ever anybody had a good excuse for parting his name in the middle, he certainly did. Late in life, a boy was born to him, and received the name simply of Frank Lee, the objectionable and obsolescent Abimelech having been discarded. The joy among the family relations over the advent of this boy, who was now the only child among them, was unbounded, and he absorbed the attention of all. Noticing which, the newly-made father remarked, "Ah me, alas! Henceforth he is *the* Frank Lee, while I am only *A*. Frank Lee!"

A lamentation similar to this, I ask you to imagine, is now going forth (or in modesty ought to be), from each one of the numerous deodorizers in the market, when they come into the presence of the newly-born claimant for attention, Hubbard's Vegetable Deodorizer and Disinfectant: "Ah me, alas! Henceforth this is *the* deodorizer, while I am only *a* deodorizer." To a suspicious mind, I confess, this statement might more than suggest those artless advertisements with which we are all too familiar; but this, however, I assure you, is not the case. The recommendation is made entirely without Hubbard's knowledge. I expect it to in no wise affect the fact that for each bottle I use, I pay him full retail price. I have likewise incurred his wrath for expostulating with him for his excessive and preposterous claims for his article beyond what seem to me its legitimate limits. For instance, he asserts that it is a sure cure for diphtheria, pneumonia, neuralgia, rheumatism, ear-ache, and some other diseases; which is manifestly absurd. He calls it the greatest insect-destroyer the world has ever known. I tried it several times in midsummer on a room-full of flies. The room was not large, and was tightly closed at night, the deodorizer being sprayed therein at that time in abundance. In the morning the flies turned out in full force, and as frisky as usual. If, however, a fly was actually struck by enough of the spray, he immediately expired. It also seemed desirable to try it on mosquitoes. Spraying it about the bedroom, even plentifully, produced no effect whatever; but if each individual mosquito could be hunted up and shot by the spray, he would drop as if struck

by a bullet, and if his friends could be excluded, the night would be spent in peace. I have seen *buffalo-bugs*, which so many people find so hard to get rid of, killed by its direct application, as if by magic; and it does not seem to injure any material, carpet, clothing, or furniture. As a *moth* exterminator, it is a great success. A lady friend, who was annoyed by seeing many moths flying about her parlor, finally traced them to a parlor bed-lounge, which was richly upholstered. On opening this, swarms of them were visible. Not liking to let them loose, she injected a few sprays from the "Old Mother Hubbard," as we call it, and quickly closed the lid of Pandora's box. On the next day a mighty slaughter of the innocents was discovered. Not one had escaped. On several occasions since then, I have known of its perfect success against moths, which makes me think that possibly the other titles of this substance, those of "disinfectant" and "germicide," may be justified, although I have not conducted any scientific experiments to prove that the germs of disease, the microbes, are actually destroyed under its use.

It is, however, as a remarkable *deodorizer* that I particularly desire to call your attention to this substance; and as such, of course, it can easily be tested by all people with average olfactories, for bad smells, like the poor, we have with us always.

Perhaps some of you may remember that about three years ago, in a paper on empyema, I told a story about a certain "sweet boy." If Hubbard's Deodorizer had been known and used then, probably this story would forever have remained untold. To be sure, I have never before or since chanced on an odor quite equal to that, and some of my cases of empyema since then have been entirely free from odor; but in three there was enough to make it decidedly disagreeable, one of them operated on for Dr. Asa D. Smith of South Boston, and another for Dr. Joseph Chase, jun., of East Weymouth. Here "Hubbard" conquered the vileness in a few seconds, and preserved the surroundings sweet and habitable ever after; which facts alone, I am not loath to say, have secured for it my lasting gratitude in no small measure. In previous similar cases, I had tried all sorts of compounds, but never with perfect satisfaction.

Against the other bad odors which originate in the sick-room it is also efficacious; and when there is no special odor associated with the disease, it is a great comfort to deodorize the room thoroughly immediately after an alvine evacuation. Of course no other means will supersede the necessity for plenty of fresh air at such times; but there are few rooms in which a complete change of air can be made instantaneously without risk to the patient, and many sick-rooms, especially in the multitudinous

modern city flats, require quite a long time for ventilation. During such time the rebellious feelings summoned up by the injured sense of smell can be appeased by a few whiffs of the atomizer, the production of which is the easiest of tasks. Another very good test of this substance is its ability to extinguish the powerful odors of iodoform and valerianate of zinc.

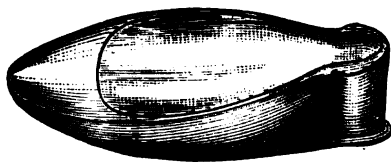
This deodorizer has connected with it more or less perfume, which to most people is decidedly agreeable, and which is in striking contrast to the utterly vile odors of chloride of lime and carbolic acid preparations, which are far worse than most of the smells they are used to cover up. Perhaps if it could be made entirely odorless, it might suit some critics better; but I have never seen any of the so-called odorless deodorizers able to perform half the work that this does.

The original cost might at first sight seem high; but, being used only in the atomizer in exceedingly small quantities, it lasts so long that in the end it is one of the cheapest preparations.

Now for our second useful invention, which is

THE EUREKA BEDPAN;

which was introduced to the public only a few weeks ago, and which has not yet been advertised. It was the outgrowth of a woman's wit, enabling her head to save her hands. A rather slender daughter, not over-strong, in caring for an aged mother of great corpulence, finding it no easy task to use the old-fashioned crockery bedpan, after many trials succeeded in inventing one which she could handle with a minimum expenditure of strength. It not only greatly lightened her own labor, but proved far more comfortable and satisfactory to the aged invalid than the old



one. Finding her own burdens so greatly diminished in this direction, and her mother's comfort promoted, the inventor was encouraged, at the instance of friends who were witnesses to her success, to have her bedpans manufactured in quantity, and placed upon the market. They have already been privately introduced into a few hospitals, where they have met with unqualified approval. I know that in our Massachusetts Homœopathic Hospital, the one left and used as a sample for a few days became such a favorite with both nurses and patients, that more were imperatively demanded, and twenty-four were immediately purchased.

I base my own high appreciation of it almost entirely on the reports of those who have actually used it ; and I would trust a nurse's views on the value of such an article far more quickly than I would any theories of my own. So far, they all make the same report. A derrick and tackle are no longer necessary to get the fat patient into position, and after the performance the nurse is not exhausted by the effort. I was told by one nurse, who confines herself to obstetric cases, and who had a chance to use this bedpan with her last patient, that she should immediately buy one to keep for her own property, and should take it about with her in her bag from one lady to another, for her own convenience. Such a fact shows a practical appreciation, indeed.

The great reason of its superiority lies in the fact of its being much smaller and of a more convenient shape. Some make a pad to cover one end, but the most prefer it without. In price it has the advantage of the old style, being only one dollar.

TWO CASES OF DIPHTHERITIC LARYNGITIS.

BY E. H. PACKER, M.D., LOWELL, MASS.

CASE I.

THURSDAY morning, May 24, 1888, I was called to visit Lester R., aged six years, light hair and blue eyes. He was in bed in a large, sunny room, which was heated by steam and well ventilated. His face was flushed, and he was quite restless. Pulse 130, temperature 102.5; tonsils covered with a membrane white as milk. Did not complain of pain or sore throat, had drunk a small glass of milk which he seemed to relish. *R. merc. cyan.* 6x. trit., six tablets dissolved in half a glass of water, a spoonful every hour. In the evening the membrane seemed thicker, but it did not cover any more surface, and he appeared no worse generally. Continued *merc. cyan.*

Friday morning, May 25, his nurse reported that he slept fairly well, but was very restless, and that his skin was moist the greater part of the night. Pulse 120, temperature 102. Throat about the same, except the palate was quite red and elongated, the membrane not spreading. Continued *merc. cyan.* In the evening he appeared about the same, no worse, while his pulse and temperature remained just the same. Continued *merc. cyan.*

Saturday morning, May 26, his nurse reported that he had a more restful night. Pulse 100, temperature 101. Membrane seemed to be thinner in places ; could see the tonsils, but white

as ever. Complained of sore throat for the first time during his illness; better every way. Continued *merc. cyan.*, a dose every two hours.

Sunday morning, May 27. Had a very good night, and seemed more like himself. Throat red, with shreds of membrane; left nostril sore, and discharged a whitish, ropy fluid; pulse 88, temperature 99. *R kali. bichr.* 2 c. in water, a spoonful every two hours.

Monday morning, May 28. Lester seemed to feel all right, but there was a slight hoarseness; throat red, but no appearance of membrane; pulse and temperature only slightly above normal: in spite of which, I had to inform the parents that Lester was much worse, for there was evidence of membrane forming in larynx and trachea, and, in fact, there was only a possible chance for recovery. Continued *kali bichr.*

At noon, I found hoarseness increasing, and, when coughing, decidedly croupy.

At night, I found him much worse, very restless; pulse 108, temperature 101. Continued *kali. bichr.*

Tuesday morning, May 29. Had a poor night, and all the distressing symptoms of membranous croup. Dry, sawing sound during respiration and when coughing. Throat red, but no appearance of membrane; pulse 112, temperature 103. *R spongia* 30, in water, a spoonful every hour. I put a cold pack on his throat, with *myro-petroleum album* spread on a cotton cloth next the skin.

In "Arndt's System of Medicine," vol. i. p. 172, Solis Cohen of Philadelphia is quoted as claiming to have saved every case of membranous laryngitis since he adopted the method of inhalations of steam in a heated room. His plan is to "place the patient, after it is manifest there is an exudation, in a closed room heated to a temperature of eighty degrees, which should be constantly maintained without intermission until the child is out of danger. The room is then surcharged with moisture by hanging pieces of cloth or towels, wet with hot water, about the room. The water is placed upon the stove or grate, and by the placing of hot flats in pans of water, sufficient steam is generated to produce a considerable degree of moisture. It is claimed that by this process the exudate is softened and finally exfoliated."

I decided to try Cohen's steam treatment, and informed the mother and nurse that they must prepare themselves for a tedious time. The child was to have on a cotton shirt next the skin, and a flannel nightdress over that, which extended beyond his feet and was pinned. All blankets were removed from the bed, and the sheet pinned to the mattress at the four corners, and a pillow at each end of the bed.

I had a tea-kettle partly filled with water, and kept boiling all the time on a gas-stove in the room, and to the spout attached a three-quarter inch rubber hose-pipe ten feet long, which was carried on the bed, and the end covered with cloth and coiled once and placed in a large earthen wash-bowl. The little patient had to inhale the steam, not from the pipe, but as it was diffused in the room. The temperature of the room was brought up to 80°.

Tuesday evening. Lester slept some during the day, and his breathing was no worse. Continued the same treatment.

Wednesday morning, May 30. Lester slept the greater part of the night; hard croupy cough; breathing easier but still labored; pulse 112, temperature 102. The myro-petroleum album brought out a rash like measles which covered the neck and upper part of the chest. No change in treatment.

In the evening I found him better, breathing at times much better.

Thursday morning, May 31. Had a fair night; breathing much better, but when coughing it sounds decidedly croupy; pulse 112, temperature 102. He takes milk and gruel occasionally. The soreness of the nostrils continues, and the discharge is light-colored and ropy. Continued the same treatment.

In the evening the nurse reported that his pulse was 116, temperature 103, and that he seemed to be doing all right.

Friday morning, June 1. Breathing and cough sound better; not much appetite; slept fairly well during the night, but awakened every hour or two; pulse 120, temperature 102.5; restless. Continued the same treatment.

In the evening he was much the same.

Saturday morning, June 2. Had a good night, slept until 4 A.M.; pulse 120, temperature 102; throat, chest, back, and arms covered with measles-like eruption. Cough hoarse, with rattling of mucus in the chest when breathing. No croupy sound when breathing; some steam, but not enough to produce moisture on the windows; kept temperature of room 80°. Continued the same treatment.

In the evening he complained of chilliness, and wanted a blanket over him; temperature 103, pulse 120; has eaten more to-day; very irritable. Removed the myro-petroleum album, and covered the throat with a linen handkerchief.

Continued spongia and steam.

Sunday morning, June 3. Better, had a good night; pulse 108, temperature 99.5; less irritable, better appetite, rash troubles him less; less steam, temperature of room to be kept at 76; spongia every three hours. Nurse reported he had a good day, and that his temperature was 102.5 in the evening.

Monday, June 4. Deep hoarse cough, mucous râles in the lungs, pulse and temperature normal; better every way. Less steam and cooler room. *R sulph.* cc. in water, a dose every three hours.

Tuesday morning, June 5, still improving, cough much better, appetite good, patient cheerful and happy; continued sulphur with less steam and a cooler room. Suffice it to say that during the next few days we gradually cooled him off and removed him into another room. Continued *sulphur*, and in about a week discharged him cured.

CASE II.

The circumstances surrounding this case differed vastly from those of No. 1. In the latter, the patient had all the appliances pertaining to wealth. In his luxurious home, in a large sun-lighted chamber heated by steam, and handsomely furnished, the little patient, attended by an affectionate mother and skilled nurse, was as favorably situated as it was possible to be. Case No. 2 was the exact reverse of this. The parents were poor; the sick-room, poorly furnished, adjoined the kitchen, and the only means for obtaining steam was from the teakettle on the kitchen stove. I was called to visit Arthur Garfield Hazard, aged about seven years (colored), on June 17, 1888. I found him in bed with his mother, who had a broken leg. The mother said Arthur had been ill about a week with what she supposed was a sore throat, and that she had at first given him aconite, and later belladonna. I found his pulse 130, temperature 103; complained of feeling tired, headache and sore throat, and was very restless. I found the tonsils covered with white membrane, breath very offensive, saliva constantly flowing from his mouth. *R merc. cyan.* 6x. tablets in water, a dose every hour. June 18, his mother said Arthur was very croupy, could scarcely get his breath, and seemed to be getting worse. Pulse 130, temperature 103; throat red, and there were shreds of membrane back of the tonsils. Breathing dry, sawing or crowing sound; from the character of his respirations I should expect to find cyanotic skin, but from the natural color of his skin I could not detect any blueness. *R sponsgia* 30 in water, one spoonful every hour. Kept the room at a temperature of 80°, and introduced steam by attaching a long hose to the spout of the teakettle, coiling the end in a wooden bowl which was placed near the bed. Continued this treatment about a week, and discharged the patient cured.

THE ancient proverb says, "You cannot get more out of a bottle than you put in it." That's an error. Besides what he puts in it, he can get a headache, a sick stomach, and perhaps ten days in the lock-up. — *Chicago Med. Times.*

*PERMISSIBLE INTERFERENCE IN PREGNANCY AND
PARTURITION.*

BY EDWIN A. COLBY, M.D., GARDNER, MASS.

[*Read before the Worcester-County Homœopathic Medical Society, Aug. 8, 1888.*]

LABOR or parturition is that wonderful function of the organs of reproduction, by which the product of conception is separated from the mother. By the phrase, labor at term is always meant, unless otherwise stated; although, according to this definition, the expelling function is not necessarily spontaneous.

The proportion of cases is comparatively small, in which circumstances demand interference with pregnancy or parturition; but these demands are always urgent, and generally extremely so.

In the present state of civilization, with no effectual check put upon unhygienic modes of life, we should naturally expect a very large per cent of labors to be difficult or complex. On the other hand, it is surprising how much meddlesome abuse the organs of reproduction will allow, during pregnancy and otherwise, from the time of puberty to the end of life, at the hands of the libertine, the abortionist, and the bungling gynecologist or obstetrician.

The circumstances under which the physician should interfere with labor are:—

First, Those in which interference is called for, simply to insure the comfort and well-being of either mother or child, or both, before, during, or after birth; and when these circumstances present, we should always be absolutely certain that our interference will not in any way increase the danger to the life or health of either mother or child.

Second, Those which demand interference with labor, even to the destruction of the life of the child, in order to save that of the mother, or at least to render her death less certain. In these cases, interference must be demanded, either to save one life or the other, or to make the risk proportionally less than that from the injury which might be inflicted. Unfavorable conditions must be carefully considered, and before action, the judgment of another physician secured if possible. Remember that your conscience stands ready to justifiably flog you if you fail, even as long as memory lasts. The public will undoubtedly do the same, justifiably or not. Let us consider a few of the circumstances under which interference is thought to be called for.

1. *Nausea*. — Dr. Guernsey taught that gastric derangements are never justifiable causes for inducing premature delivery,

and recommended medicines and the simplest accessory measures ; but one will sometimes fail, even though one is more than an ordinarily skilful prescriber, especially when, without perceivable cause, the patient continues to grow weaker day by day ; when, if all measures for her relief are suspended, the physician continues to see the same progressive decline ; when some outrageous drugging was attempted before homœopathic treatment was begun. In these cases, there will probably be vomiting of every thing ; extreme wasting of flesh ; syncope on moving ; changed look ; fever continuous ; smell of breath extremely acid. Before such symptoms as these occur, the physician should try, as a *dernier ressort*, the method of carefully stretching the internal os ; if no relief follow, there is nothing to be done, but at the proper time to induce premature labor. Do not attempt this while the patient is in one of her lapses into extreme exhaustion ; wait till she rallies. Loss of vision, pain in head, stupor, or mental disease contra-indicate this operation. Nausea seldom induces premature delivery spontaneously, while emetics are exceedingly liable to do so. All ordinary disorders of early pregnancy are to be invariably met by medicines, and simple accessory measures which will neutralize pathological conditions, and render them physiological.

2. *Toothache*. — When not due to neuralgia, extraction may be practised to a limited extent, as on a dead or loose tooth. The wisdom-teeth should never be disturbed during pregnancy, as abortion is very liable to follow.

3. *Uterine Misplacements* must be rectified, if the uterus threatens to become incarcerated during pregnancy. Often such cases will end in abortion. In retroversion, the bladder will be found enormously distended, and sometimes it is impossible to catheterize. In such cases, aspiration above the pubes is often necessary. If this condition comes to notice late, and fatal consequences threaten, induced evacuation of the uterus is admissible.

4. *Ovarian Tumors*, if large, should be operated upon at an early period of pregnancy. Perhaps tapping will be all that is required for the time being. Induction of premature labor may promise better results. Fibroid tumors, if small, should be watched, and kept from too much pressure ; if large, and certain to obstruct, induction of abortion or premature labor would be justifiable.

5. *Death of Fœtus* in itself does not warrant interference. Alarming symptoms must threaten the mother, before it is justifiable. It is very difficult to ascertain if the child is dead in a great many cases. If doubtful, do not induce premature delivery. Several of the following signs, appearing together,

will point to the death of the foetus: motion stops; abdomen becomes flaccid; umbilicus recedes; child moves loosely in abdomen, and drops or rolls around; feeling of weight and coldness; breasts soft; loss of appetite; general health bad; eyes and countenance sunken and dark; chills; unusual stillness on auscultation. On rupturing membranes, evidence of correct diagnosis will be: tympanitic scalp; skin of presenting part peels off; discharge of gas; bones overlap loosely; peculiar sharp edges of bones; in face presentations, lips and tongue flabby; in breech, sphincter ani readily admits finger; in arm, skin peels off; in funis, cord pulseless, green or yellow.

6. *In Extra-uterine Pregnancy.*—If abscess has formed, aspirate for diagnosis' sake, and remove all loose débris if any. Gastrotomy is sometimes performed, when combined judgment of consulting physicians so determines. This operation sometimes saves a child if mature enough, though almost invariably the mother cannot be saved. The destruction of the foetus by electricity is now strongly recommended as comparatively safe and satisfactory.

7. *Eclampsia* may attack a woman at any time during gestation. If it occurs before or during the sixth month, it is more apt to be epileptiform or hysterical, and due to nervous irritation or pressure. *Belladonna* high is undoubtedly efficacious in a majority of these cases. Always begin immediately with a homœopathically indicated remedy, and if the patient has lucid moments, calm her fears by assuring her that her strange feelings are nothing unusual. If she cannot control her speech, make light of it before her. Allow as attendants, only intimate friends of decision and judgment, and in whom she has always had confidence. If there is hemorrhage indicating abortion, do not forcibly or carelessly rupture the membranes or dilate the os, but hasten expulsion without violence. If she is uneasy and moans, while unconscious, the uterus is contracting; and if she strains, the perineum is reached.

It is better to leave a woman to her own resources, unless there is some evident malposition or complication. The usual mode of interference is with forceps, version, or crotchet. If the mother die suddenly in the beginning, or during severe convulsion or apoplexia, and if movements of child are felt, deliver immediately by forceps or Cæsarean section, without regard to preliminaries, or causeless remonstrances of friends. The same should be done if the mother is beyond peradventure dying, and the motion of child is felt. Chloroform often has a specific effect in puerperal eclampsia.

8. *Abortion and Hemorrhage.*—These cases become very familiar to us all. Take into consideration the available history

of the case, — when the woman ceased to menstruate ; examine what has passed, for a portion of the ovum. If there is pain, with open os and free hemorrhage, empty uterus by ovum forceps through speculum, or by finger in vagina and hand on abdomen. Keep strict account of what passes, and be sure that the placental mass has passed, before you cease your visits. In hemorrhage from hydatids, do not interfere before the seventh month. After that, the hand may be used to scoop out the mass. Hydatids and fleshy moles so resemble pregnancy that we should always take into consideration former history as most valuable. Accidental hemorrhage is sometimes very alarming. If the mother is sinking, version, forceps, or even perforator must be resorted to. The hemorrhage may be often controlled by dilute sulphuric acid, hamamelis, or perhaps ergot.

It is very important to diagnose simple hemorrhage from placenta prævia, for in the latter the hemorrhage will be increased by contractions of the uterus. Usually in the latter, the os is greatly thickened, or perhaps the edge of placenta can be felt.

9. *In Apoplexy of Placenta.* — Often fatal as early as sixth month ; very dangerous, though rare ; collapse of patient though no external bleeding. Examination will reveal an elastic conical swelling at placental site. The tampon is objectionable ; a quick delivery is important ; rupture membranes ; if contractions are slow, introduce hand and turn.

10. *Placenta Prævia.* — This is always an indication for interference, though children have been born without help in very quick and easy labors, and with no untoward results to mother or child. It is very seldom that it calls for treatment during the sixth month. We should bear in mind the very small per cent of cases where it can be left to nature. Great hemorrhage, with sinking, call, of course, for interference at once. The great flow of blood over the os usually has softened it, therefore it is easily distensible. It is of vital consequence to act early enough ; that is, as soon as there is a general relaxation of the patient. The operation is to tear off placenta with finger, by sweeping round the edge of it. Sometimes this will be sufficient, and if contraction follows without hemorrhage, or if after the first gush it is greatly decreased, you may wait a while longer. It is often better to perforate the placenta, and bring the head through it, when this can be more easily done. Tampon may be used watchfully, when the os is not dilatable. A bursting sensation behind a tampon indicates great hemorrhage ; on removing it, be ready to turn child at once, as that may be the alternative. The feet, in nine cases out of ten, are found posteriorly on right side of mother.

11. *In Prolapsus of Cord,* if os is dilated and head engaged,

use forceps. If not too late, place cord near sacro-iliac symphysis, where it will receive the least pressure. Guernsey's method of drawing cord into a sponge, and placing the whole above the superior strait, is very successful.

12. *In Rupture of Uterus*, use forceps, or even perforate from before, backwards: meanwhile, an attendant must apply firm pressure. Remove placenta carefully by cord, and then attempt to replace intestines. If child has entirely escaped, perform gastrotomy.

13. *Premature Labor* — Nature's mode of sometimes prematurely expelling a viable foetus through a deformed pelvis — led to a consultation in London, in 1756, to decide upon the morality of the artificial induction of premature labor. When indicated, it is undoubtedly justifiable, being a laudable attempt to save the child, at the same time probably decreasing the mother's immediate risk. The following circumstances call for it. In deformity of pelvis, remembering that in such cases it should never be attempted before the seventh month. The antero-posterior diameter must be at least two inches; and it is never permissible in primiparæ, or in twin pregnancy. Where death of several foetuses in same mother persistently occurred, at a certain month of gestation, and the foetus is viable, premature labor may be induced.

Finally, where the mother's life is endangered by excessive vomiting, effusion into serous cavities, strangulated hernia, convulsions, and cardiac disease, in some cases also of narrowing of bis-ischiatric diameter, exostosis of pelvis, fibrous tumors, previous rupture of uterus caused by mechanical obstruction, we should interfere. Version is indicated sometimes in irregular presentations, placenta prævia, ruptured uterus, convulsions, prolapsed funis, hemorrhage, and syncope.

Forceps: in inertia, prolonged labor, emergencies, to extract head left in utero.

Embryotomy: when strong labor has existed, and no advance, and, after failure of forceps, exhaustion; the child's life doubtful; in dead child with danger to mother; great smallness of diameters of pelvis; in large fibrous tumors; in hydrocephalus, convulsions, rupture, and hemorrhage.

Cæsarean section: to save mother and child if possible when both are in the greatest danger; when mother is dead, and child living, even two hours after her death. To extract foetus from abdomen, when it has escaped or was generated there.

Chloroform may be useful in severely felt but short pains; in great pain from dilating of soft parts; in worn-out, nervous women; in convulsion. Never force it on the patient, and use it with great caution.

DETERMINATION OF REFRACTION WITHOUT THE USE OF MYDRIATICS.¹

[Written for the Massachusetts Homœopathic Medical Society, by
JOHN H. PAYNE, M.D., Boston, Mass.]

A VERY great drawback to the satisfactory adaptation of glasses to certain errors of refraction, has been the enforced use of a mydriatic. No drug has been found that can compete with atropia in its paralyzing effect on the ciliary muscle, and none that can be used with safety from poisonous action in other directions. Atropia, duboisin, hyoscyamin, all have been known to produce alarming and lasting symptoms in over-sensitive subjects, even when applied in moderate doses, and only sufficiently to affect the ciliary muscle to the necessary extent. Aside from this danger which occurs only in a small proportion of cases, but which from its nature should be avoided entirely if possible, we have the annoyance of its effect on the ciliary muscle in the production of temporary loss of accommodation for near objects. This is of great importance to those dependent on the daily use of their eyes, such as clerks, stenographers, etc., and to very nervous and sensitive subjects, as well as to the physician who is watching the effect of some carefully selected remedy, and who is loath to have its action interfered with by extraneous means. To completely paralyze the accommodation of a subject presenting *no asthenopic symptoms*, a single instillation of at least one-fortieth of a grain of atropia is needed, and its effect on the accommodation lasts from seven to ten days.

In cases of ametropia *complicated with asthenopia*, which are by far the most numerous presented for treatment, several instillations are needed, their combined effect lasting from ten days to two weeks, or even longer. I refer only to simple asthenopia as a complication, and not to a tonic spasm of the ciliary muscle which we occasionally meet with. Meanwhile the patient is obliged to entirely discontinue the use of the eyes for near vision.

When we consider that a large per cent of cases of hypermetropia have been over-strained to a point of loss of control of the ciliary muscle, and consequent asthenopia, such as blurring of vision, pain and heat of eyes, blepharitis, and reflex headaches, before application is made to an oculist for treatment, and that this of necessity occurs among that class of people who can ill afford the loss of time from their clerkship, we can appreciate

¹ As the Bureau of Ophthalmology and Otology had no opportunity to make its report at the October meeting of our State society, this paper will not appear in its Transactions. Being, however, much too valuable to be lost to the profession, the GAZETTE has obtained Dr. Payne's kind consent that it shall appear in its pages. — ED. GAZ.

the demand for a system of examinations that will afford the best results without this absolute devotion of so many days to the correction of their defects, some system that will allow them the use of their eyes during the time intervening between their visits to the oculist.

The old system of test-types demands the use of the ciliary muscle in accommodation in cases of hypermetropia, even at a distance of twenty feet, and cannot be relied on. Numerous plans have been proposed and experiments tried with this end in view, but with only a modicum of success, until the recent introduction of the "shadow-test," retinoscopy, or skiascopy, as it is termed.

Passing by, then, these previous experiments, as serving only to lay a foundation for the erection of this present structure of retinoscopy, I will, in order to make the subject more intelligible, recapitulate in brief my description of it as given in a paper submitted to this Society some three years ago, and to be found in the published Transactions of that year. Retinoscopy has as its essential feature the action of certain lights and shades reflected on the retina of an eye from a small concave mirror held and rotated by an observer from a distance of some six feet. It was at first recommended that the observer be provided with a concave ophthalmoscopic mirror of a focal length of twenty-two c.m., and that he be seated at a distance of four feet from the patient and facing him; that the light be placed at one side and just behind the patient's head, and on a level with it, and that it be shaded carefully by a screen from the patient's face; *that atropia be used* to paralyze the accommodation; and that, the room having been thoroughly darkened, the eyes of the observer should be directed into space on a level with the ear of the observer diagonally opposite to the eye under observation. Then, the light having been reflected from the mirror held close to the observer's eye, into the pupil of the observed, and rotated slowly horizontally and then perpendicularly, the result would be a red reflex from the retina of the eye and a shadow that either *followed* the movements of the reflex, or *crossed* it. A shadow moving with the reflex (following it) would indicate a myopic condition; a shadow moving in the opposite direction to the reflex (crossing it) would indicate either emmetropia or hypermetropia, according to the rapidity of its movements. A rapidity of movement, and a dim shadow with indistinct edges, indicated a low degree of aberration of refraction, while a slow movement and distinct edges indicated a high degree. It was thought that the special value of retinoscopy was the facility it afforded for diagnosis of errors of refraction and of their correction independently of aid from the patient.

All this is obviously of great value in the case of children too young to give intelligent answers; in those cases of deficient education due to the presence of opacities of the cornea following ulcerations during infancy, and that have become cleared up in process of time, leaving some error in refraction from the change in curvature of the cornea; in those cases of deficient or perverted mental development, in which intelligent answers cannot be elicited; and in the rapid diagnosis and correction of various and complicated kinds and degrees of astigmatism.

But a more extended observation on my part, and an experience since then in the examination and application of its principle to some *four thousand cases*, has confirmed me in the belief that in addition to this a majority of cases can be met without the aid of a mydriatic. During my first experimentation with this system, I followed the habit of comparing the results obtained by retinoscopy without the use of atropia, with those obtained in the same cases while under the influence of the drug, and found that in $\frac{8}{10}$ of the cases not complicated with ciliary spasm or with excessive asthenopia the results were almost identically the same. The partial failure in the remaining $\frac{1}{10}$ I attributed to a possible carelessness on my part, rather than to any fault of the system. Many cases of ametropia with asthenopia can be diagnosed and corrected by this system independently of a mydriatic, by several consecutive and comparative examinations, and by a gradation of glasses. I believe that further experience will include all such cases.

However, it is obvious that the accommodation must be relaxed in order to give good results, and to this end I have made several modifications in the old method of procedure. Firstly, I select a time for the examination when the patient is least fatigued, preferably the morning hours. If a female, the proximity of the menstrual period is a disadvantage, because of the over-excitation of the nervous system at that time, and I therefore advise her to wait until some days following the cessation of that function.

I then place the patient and the light in the position above described, advising her to lean back against the chair, so that there will be no unconscious over-straining of any of the muscles, and to give no thought whatever to the examination. I then direct her eyes to the blank darkened space *just above* the level of my head, instead of to one side as previously directed. The room should be absolutely darkened, the opposite wall painted in black, and no object there to fix the attention. I then engage her in conversation in order to divert her attention from all thoughts of the examination.

My object in directing her to look upward, instead of to one

side, is that the reflected light may fall upon that portion of the retina *just below the macula lutea*, instead of directly upon the optic disk. And herein my modifications differ from the original method.

In order to get correct results the antero-posterior diameter must be as nearly as possible like that of the eye when directed upon an object in the act of vision, that is, it must be the same as the distance from the centre of the cornea to the macula. The distance of the optic disk may vary much, even within limits of health. It may be physiologically cupped, thus rendering its distance greater; or it may be excavated from glaucomatous tension; or be swollen and protruding as in choked disk; or the eye may be flattened from before backwards, as in hypermetropes, or be elongated, as in myopes. Such an unreliable distance should not be taken as a standard of measurement in the consideration of delicate quantities of refracted light, and therefore the nearer we can get to the region of the macula itself without disturbing the repose of the accommodation, the more absolutely correct will be our results. This slight turning upward of the eyes would seem to accomplish this. The next step after the diagnosis is to find the correcting glass, and this is done by placing before the patient's eye one that will by its character and strength just reverse the action of the shadow. I then compare this result with a test by means of Snellen's letters at twenty feet, and record it on blanks prepared expressly for that purpose.

The results thus far have been, as I have said, eminently satisfactory. Many cases that have eluded the closest and most pains-taking investigations by other methods have been reduced to an absurd simplicity by this. Slight cases of conical cornea that have mystified the results by Snellen's types, can be diagnosed with ease and rapidity, and thus much valuable time saved.

Its value to the general practitioner is, that by its aid he is enabled to recognize the presence of refractive errors as a complication or a producer of morbid phenomena (a fact now well established), and to advise his patients intelligently, though he may not be able to apply its principles to their correction.

I would therefore enter my plea for its adoption by all who are interested in the relation of reflex symptoms to remote causes. The practical abandonment of a mydriatic through the modifications I have proposed simplifies its use in the hands of others than an expert, and is a blessing to the patient, and a source of lasting gratification to one's self.

*SURGICAL TREATMENT OF UTERINE FIBROIDS, WITH
REPORT OF CASES.*

BY ALONZO BOOTHBY, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

TUMORS of the uterus, generally known as fibroids, but more strictly speaking myo-fibromata, — for they are composed of muscular as well as fibrous tissue, — from their frequency, the large size they sometimes attain, and the disturbances they produce, demand very careful consideration from every one who attempts to treat diseases of women.

Local treatment and internal medication have done much in the way of curing or palliating the symptoms, and reducing the size or retarding the growth of uterine fibroids.

In a large number of cases, treatment of this kind must be fairly tried before operative interference is thought of; and then laparotomy for removal should only be undertaken when there is great suffering, severe hemorrhage, or a very rapid growth of the tumor.

Electricity has been considered as a very powerful remedial agent in some cases of sub-involution, and enlargement of the uterus from other causes.

It has also been used, to some extent, in the treatment of uterine fibroids; and quite recently it has been very highly extolled by Apostoli; and a number of gynecologists have procured expensive electric apparatus, and are making loud claims as to what can be done with electricity in the cure of fibroids of the uterus.

The question arises, Is it more certain in its operation than general treatment? and is it safer than a surgical operation?

While it is impossible to get at statistics of results at this time, so as to determine the amount of danger, or the number of failures from the use of electricity, we do know that both are considerable; and, according to its strongest advocates, it is admitted that there is a large number of cases in which it is not applicable, some of which should certainly come under the knife. I have no doubt that many other cases can be more satisfactorily treated by the knife than by electricity.

Uterine fibroids are divided into three classes, according to the parts in which they are developed.

When the tumor begins in the superficial sub-peritoneal layers of the uterine tissue, and grows out into the peritoneal cavity, and becomes pedunculated or partially so, it is called a sub-serous fibroid.

When the tumor arises within the uterine tissue, increasing

the size, and changing the whole outline of the organ, it is called an interstitial or intra-parietal fibroid.

When it begins just beneath the mucous membrane, and grows into the uterine cavity, whether it is attached by a broad base or a small pedicle, it is called a sub-mucous fibroid.

Our first position is, that the treatment of these tumors will very largely depend upon the class to which they belong. It is not my purpose to enter into a consideration of the pathology or the ætiology of uterine fibroids, but to report a typical case, illustrating different methods of operating under each class as given above.

CASE I. Mrs. S., age about forty; the mother of two children; had had two miscarriages. She had been a patient of Dr. Houghton's, but was spending the summer some distance from Boston.

She was taken with what seemed to be severe labor-pains, accompanied with some hemorrhage. A local physician was called, and, on examination, decided that it was a case of miscarriage.

But after several days' efforts at delivery, with but little progress, while the patient's condition was becoming critical, she and her friends decided to send to Boston for Dr. Houghton. At his request, I saw the patient with him.

We found the vagina filled with a sub-mucous fibroid, about the size of a foetal head at the eighth month. The tumor had commenced to slough, septicæmia had begun to develop, while the parts involved were irritated and swollen.

Only a partial examination could be made without ether; but enough was learned to make certain the necessity of removal of the tumor at the earliest moment. This was done the next morning.

After etherizing, the operation consisted in passing the chain of the *ecraseur* over the tumor, and carrying it up around the pedicle, which was about an inch in diameter. This was rendered unusually difficult by the large size of the tumor, and the altered condition of the vaginal mucous membrane, which rendered it very tender, and easily torn.

The pedicle was attached about an inch and a half above the external os; but the cervix was still dilated, so that the *ecraseur* could be carried well up to the surface of the womb. By tightening the *ecraseur* slowly, almost no hemorrhage followed when the pedicle was severed.

The most important part of the operation consisted in cleansing the uterus and vagina, so as to prevent further sepsis. This was done by the prolonged injection of as hot water as could be borne, and then the use of 3 : 100 carbolic-acid solution.

The patient remained in a very critical condition for several days, and then began to gain slowly, and finally made a complete recovery. This was a case where a very simple operation, in which there was no danger in itself, cured the patient, when, if left alone, she would certainly have lost her life in a short time. Ordinarily this kind of fibroid, if taken in time, can be removed without the slightest danger. It should be done immediately after it has been expelled from the uterus; or while in the cervical canal, if there is delay in its coming down. The point is, not to wait for the tumor to break down, and by the absorption of decomposing tissue produce blood-poisoning.

Whether it is a dead foetus or a pedunculated fibroid, it should be removed before decomposition begins.

The ecraseur or scissors may be used as may be most convenient, as there is very little danger of hemorrhage in cutting the pedicle.

CASE II. I was called to see this patient by Dr. Sales. She had attacks of severe labor-like pains, at time of menstruation, with excessive flow. On examination, the womb was found symmetrically enlarged, and the os dilated so as to readily admit the finger, while the cervix was nearly obliterated; a firm growth, extending nearly down to the os, could be felt. The uterine canal was very much enlarged, and to one side of the enlarged uterus, while the thickened side seemed to project into it, so that a sound could be passed in about four inches, and swept around about the third of a circle; the size of the uterus, less the thickness of its walls, showing that there was a tumor which was attached for two-thirds of its circumference. This tumor must be a uterine fibroid, and would perhaps be called a sub-mucous fibroid, although it was partially interstitial.

We recommended for treatment dilatation of the cervix between the periods, and then allowing the uterine contractions, which occurred at the time of menstruation, to act upon the tumor, and possibly bring it down farther; then, in two or three months, to operate for the removal of the whole abdominal mass through the vagina.

The general health of the patient seemed to be fairly good, although the excessive flowing began to tell upon her.

I did not see the patient again for about a year, when I found the tumor had increased in size, and presented at the os, which was open to the size of a half-dollar.

She had suffered so much, while her general health had failed considerably, that she was ready to accept our advice to have it removed, although she understood that it would be a long and severe operation.

Before commencing the operation for removal, some effort

was made to dilate the os ; but on arriving at the patient's house, on the morning set for the operation, it was found but little more dilated than at the time of previous examination.

In proceeding with the operation, the cervix was gradually dilated, while piece after piece of the tumor was pulled down and snipped away with scissors. Finally, after two hours of pulling and snipping, the tumor was shelled out from the wall of the uterus. The last piece was the size of a man's fist, and represented nearly all the portion in contact with the uterine wall. The tumor weighed between two and a half and three pounds.

I use the scissors for the removal of a portion of the tumor, in preference to the spoon-saw, as with them I think one can work more intelligently with less liability of injuring the uterine walls.

After a portion has been cut away, it is generally possible to get the fingers in between the tumor and the uterus, as in this case.

The uterus contracted only partially, after the complete removal of the tumor, but it had been contracting as piece after piece was removed, thus aiding the operation and helping to control the hemorrhage, so that the whole amount of blood lost was not more than usually occurs in an operation for lacerated cervix. In fact, a fibroid of this kind is not very plentifully supplied with blood-vessels, and the danger from hemorrhage in cutting it away is not very great.

The cavity was thoroughly washed out with antiseptics. Our patient did very well, although in the second week we had some septic inflammation. This was largely due, I believe, to the fact that the wounded surface was not attended to by the nurse, according to directions, because the patient objected to being hurt at all. This is a very important point, upon which, in many cases, the life of the patient depends.

If the cleansing is carefully done, very little suffering need be caused by it. It is not safe to trust any one to do this unless you know they will do it thoroughly. I hear so much about complete antiseptic treatment where really there is no approach to it, that I am sceptical in regard to what I do not do myself or see done.

Our patient made a good recovery, and at last accounts was in good health.

CASE III. Mrs. C., patient of Dr. Houghton, thirty-six years of age, married, no children.

Was first consulted about a year and a half ago. At that time the patient had a tumor of the uterus, which we diagnosed as an interstitial fibroid. She was about the size of a woman at the sixth month of pregnancy.

The tumor caused her a good deal of trouble, and partly prevented her from attending to her ordinary duties. The suffering was not acute, but the disturbance was very annoying. We advised treatment with the hope of reducing the size of the tumor, or at least of holding it in check and relieving the symptoms. This course was carefully carried out and continued for one year; but in spite of all that could be done, the tumor increased in size, and all the symptoms were aggravated. We then discussed the expediency of removing the tumor. The patient was anxious to have an operation. We decided to make a supra-vaginal hysterectomy, and treat the pedicle externally.

The fibroid extended down into the neck of the womb, which left a very short pedicle. I used an elastic ligature made by taking the smallest rubber tubing and drawing this through a larger size. This makes a very strong ligature that will stand any force that can be put upon it. Long steel needles were first passed through the lower edge of the tumor, then after the ligature was adjusted, including both ovaries, the whole uterus containing the tumor and appendages was cut away. The external wound was closed in the usual way down to the pedicle, which was brought out at the lower angle. The integument and peritoneum were sewed together around the pedicle, and then the peritoneum sewed to the pedicle below the ligature. This is the most important part of the operation. The object is to leave as little denuded surface as possible to come in contact with the decaying stump, and to shut off entirely the peritoneal cavity from it.

This can be done more satisfactorily by reversing the order as given above, or at least so far as introducing the stitches, excepting just at the upper angle. I believe that the danger to the patient largely depends upon the way this part of the operation is performed, and the care with which the pedicle is kept aseptic.

The patient did admirably. The temperature was scarcely above a hundred. The ligature came away on the nineteenth day.

After the needles which held the stump out to the surface became loosened, there was, evidently, considerable retraction or drawing back to its normal position, of the remaining portion of the cervix, leaving a deep cavity to keep clean. It was found that by passing a probe down into this cavity or canal, it would pass through this into the vagina.

At this time, about five months after the operation, the patient is in fair health and constantly improving.

CASE IV. Mrs. S., age about forty. This was an interstitial fibroid about two-thirds the size of the previous case.

The symptoms from which she sought relief were similar to those of Case III.

I opened the abdomen with the intention of performing hysterectomy or of removing the ovaries and tubes according to the indications after an exploration was made.

I found the ovaries both enlarged to the size of a hen's egg, with cystic degeneration, while the enlarged uterus was very symmetrical and covered by a healthy peritoneum. After consultation with those of my colleagues present, it was decided to remove the ovaries and tubes and leave the uterus with its fibroid. The patient recovered rapidly from the operation, and seemed to be on the road to good health, but I have not heard as to the final result.

CASE V. Miss P., age thirty-two. A patient of Dr. Baker. She had been in very poor health for a long time, with excessive pain at time of menstruation. She had numerous symptoms indicating disease of the uterine organs, for which she had been treated with only partial success. I was consulted on account of a tumor behind the uterus in Douglas' cul-de-sac.

It was about the size of a medium-sized orange. There was also some thickening to be felt along the course of the broad ligament and in the ovarian region.

Our diagnosis was a subserous fibroid, or a small ovarian cyst that had become adherent and was very firmly distended.

An operation was advised. After consulting a gynecologist of the other school, who also advised an operation, she decided to accept our advice.

On opening the abdomen, the tumor was found to be a fibroid growing from the posterior wall of the uterus to which it was loosely attached by a pedicle about one inch in diameter. This was removed by making peritoneal flaps large enough to cover the stump. After the peritoneum was severed, the tumor was easily shelled out, it having no attachment to the uterus except by loose connective tissue. The flaps were sewed together with aseptically prepared catgut. There was another little fibroid at the fundus about the size of a hazel-nut. A catgut ligature was put around the pedicle of this, and it was cut away. Both ovaries were in a state of cystic degeneration. The tubes were enlarged to the size of a man's finger, and had a dark red inflamed appearance. The ovary and tube were removed on both sides. I did not detect any pus in either tube at the time of the operation, but from what followed I was led to believe there might have been. Very careful antiseptic precautions were taken, or were intended to be taken, and no one but myself and the house surgeon, who assisted me, touched the peritoneum or any denuded surface, and only the house surgeon touched any of the instruments.

The patient took the ether poorly. She had taken ether before, and it affected her badly. She was very sick at her stomach, and vomited for two or three days.

This time the nausea and vomiting were considerable, but the patient rallied well from the ether and seemed to be progressing satisfactorily; for three days the temperature was only about a hundred, and the pulse good. On the evening of the third day the vomiting was increased, but otherwise the symptoms were not bad, although she complained of considerable pain. This is not an unusual thing three days after a laparotomy when there is considerable tympanitis. I began to feel a little anxious the evening of the third day. On the morning of the fourth day I found her in a terrible condition. Evidently peritonitis of a very severe form had set in. Measures were taken to combat it. The abdominal wound was opened, and hot water injected; but before we were well through with this effort, the patient died.

An autopsy was made which showed general peritonitis. It was of a very virulent form, as was demonstrated by the effect upon myself and Dr. Bothfeld, who assisted me. Where was the fault in this case? Where did the septic matter come from? Was the danger increased by treating the stump intra-peritoneally?

I think the septic matter came from the diseased tubes, although I did not observe it at the time. There was no pus to be seen, and the surface was carefully sponged out with a 1 : 2000 mercurial solution. If the trouble was from this source, then the patient might have been saved by flushing the peritoneal cavity with a strong antiseptic. There is a great cry about poisoning the patient in this way, and while I have never had any trouble, I have felt the importance of being careful. I never put a strong solution of any antiseptic into a cavity where I am not sure of being able to get it all out again. But there are various ways of getting all of the mercurial solution of 1 : 2000 out of the abdominal cavity. After flushing with the solution, then flush again with hot water that has been made aseptic by boiling, then sponge carefully, and there cannot be enough of the mercurial left to poison the patient.

But there is another source from which the fatal infection might have come. After the operation was made I learned that the patient consulted a gynecologist, who made an examination with a sound, which gave her much pain and made her sick for several days. Then she menstruated, and had a very severe time. A few days after, she came into the hospital and was operated upon.

It is possible that an inflammation was set up by the sound in

the endometrium and then extended to the uterine tissue, so that in removing the fibroid we had from the first a septic condition of the tissues that would not be reached by any application made to the surface of the wounds.

In connection with this it is possible that the operation was made too soon, viz., three or four days after the cessation of the menses.

Other possible sources of infection occurred to me: the fact that there had been a death in the hospital after an operation one or two weeks before. I did not see the patient, and was informed that my assistants were equally as free from suspicion. My colleague who did attend this patient was present in the operating room, but with a clean white frock on, and, besides, he had been driving about in the open air for over a week. It is possible that some of the physicians who were present had come from septic patients or where there was septic matter, but there were only three or four of them in the operating room. Then there were the nurses who attended to the sponges, towels, etc. But they have strict instructions to be very clean themselves, and very particular about every thing they touch. The towels and frocks might have come in contact with septic matter after they had been through the laundry.

This was my first and only case of septic peritonitis after a laparotomy, and I would give all the fees from my next twenty-five operations if I could know the source of infection. It would be a great consolation if I could fall back on a statement often made, "the patient died of traumatism."

One of our most learned and most honored members lately read an article before this Society, reporting a case of death after delivery, which he closed by saying he supposed those who believed in the germ theory would console themselves in the belief that death was caused by a septic infection of the patient.

I submit to the members of this Society whether the consolation is not more likely to come to the one who believes that inflammation is a mysterious foe whose approach can never be known and from whom no wall is high enough to protect, than to one who believes that the deadly power presents itself in material form, capable, ordinarily, of being detected and guarded against?

No, there can be no consolation to any one who operates upon or has to do with a patient in whom there was no previous organic disease, if that patient dies from the operation.

My conclusions are, that the difficulty of obtaining strict antisepsis is only excelled by the importance of it. In our present state of knowledge we can only approximate the ideal ;

but it is our duty, a duty we owe to ourselves, to humanity, and to Him who has revealed so much of His perfect law to us, to strive faithfully, strive with all our strength, to work "in season and out of season," early and late, to be able to know when and how to use the knife upon our suffering fellows.

In regard to the method of treating the stump, I shall only say a few words here. It would have been a comparatively easy matter to have brought the surface, denuded by the removal of the tumor, into the lower angle of the abdominal wound, and held it there; but the pedicle of the ovaries and tubes could not have been brought out with it unless the whole uterus had been removed.

I prefer the extra-peritoneal method in most cases. Statistics are all in favor of this method as a rule.

SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, Oct. 10, 1888.

The meeting was called to order at half-past ten, A.M., by the vice-president, James Hedenberg, M.D., and the following candidates were elected to membership:—

Isabel G. Weston, M.D., Natick; Charles R. Hunt, M.D., New Bedford; George W. Worcester, M.D., Newburyport; Annie C. Stewart, M.D., East Cambridge; Harry J. Little, M.D., Norwell; Frank A. Gardner, M.D., Salem.

REPORT OF THE COMMITTEE ON GYNECOLOGY,

Alonzo Boothby, M.D., chairman. The committee presented the following list of papers:—

- I. Treatment of a Case of Lacerated Cervix Uteri. A. J. French, M.D.
- II. General Treatment of Uterine Fibroids. A. B. Church, M.D.
- III. Surgical Treatment of Uterine Fibroids, with Report of Cases. Alonzo Boothby, M.D.
- IV. Electricity in the Treatment of Uterine Fibroids. A. J. Baker, M.D.
- V. Report of Cases. W. J. Winn, M.D.

Discussion.

Dr. Lougee, referring to Dr. French's paper, asked if the doctor could give the dimensions of the uterus before operation was commenced, as the sixteen stitches mentioned as having been taken seemed to him a great many.

Dr. Boothby explained that the operation had probably been performed according to Hager's method by amputating the anterior and posterior lips, and then closing the angles above and below, which might require the number of stitches mentioned.

Dr. Morse asked if these lacerations cannot be healed by local applications of glycerole of hydrastis, etc., together with internal treatment.

Dr. French thought that they might if taken early, but feared that mistakes were frequently made in treating these cases, for erosions, etc., and thought that we should be on our guard.

Dr. Packard, who performed the operation on Dr. French's patient, feared that there was some misconception of the condition of the cervix in this case. There was, besides the laceration, enormous hyperplasia of the cervix, and the operation was to correct that, and necessitated cutting out a large wedge-shaped piece. In long-standing cases of this kind, the improvement following operation is sometimes wonderful.

Dr. Boothby has never found a lacerated cervix in women who have never been pregnant, and thinks it always the result of labor.

Dr. Phillips was pleased to have a report of such a case from one of our old conservative members. These cases to be cured must be operated upon, and treated surgically.

Dr. Southwick, speaking of the treatment of uterine fibroids by electricity, said that Cutter's method was practically obsolete. Freeman's modification, through the abdominal wall, was undoubtedly a failure. Another method consisted of the use of a number of needles, causing sloughing. This he thought too dangerous. Apostoli's method, while popular at present, is not so safe as generally supposed.

Dr. Colby had been told that the use of the water electrode of Martin was fraught with danger, on account of the metal edge being so much better a conductor than the rest as to destroy the integument.

Dr. Baker believes that every thing depends upon intelligence and care in the application of the current. Attention to minor details is essential to success. She believes non-success due more to faulty application than to the method itself.

Dr. Phillips hopes that electricity will not absorb the whole attention of the Society, as it is at present a "fad," and not a recognized method of treatment. With iodide of lime he has cured twenty-eight cases of uterine fibroid, varying in size from that of a walnut to that of a child's head. This treatment must be continued for months before satisfactory results can be expected. He also uses belladonna and hydrastis or calendula on tampons at the same time. He believes as large a proportion of cases can be cured by this treatment as by any other.

At one P.M., the Society adjourned to Hotel Thorndike, where a bountiful repast was served.

AFTERNOON SESSION.

The meeting was called to order at half-past two by the President, J. W. Hayward, M.D.

By vote of the Society, the regular order of business was suspended, and Dr. E. L. Mellus delivered the oration: "Homœopathy as a System of Medicine."

It was voted that the orator should receive the thanks of the Society for his interesting address.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

This committee reported as a whole on "Methods of Analytical (critical) Investigation of Provings." Owing to the lateness of the hour, the report was necessarily abridged. The work done by the bureau was calculated to demonstrate the necessity of congruence of symptoms for a reliable drug-proving, according to the well-known views and teachings of its chairman. Dr. Wesselhoeft read a paper analyzing our present provings of *cactus* and *hyoscyamus*, and Dr. Sutherland briefly outlined his paper on our pathogenesis of *iodine*. Charts giving a bird's-eye view of the provings analyzed were exhibited.

After brief discussion, Dr. I. T. Talbot, saying that he was very appreciative of the careful manner in which the subject had been elucidated, moved that the report be referred to the Publication Committee with the thanks of the Society, which motion was carried unanimously.

By vote of the Society, the report of the Committee on Ophthalmology and Otology, which for lack of time had been crowded out of the forenoon session, was then called for; but as the chairman and members of the committee had withdrawn, no report was received.

A paper entitled "A Curiosity among Nurses" was then read by H. C. Clapp, M.D., and gave rise to the following resolution, on motion of I. T. Talbot, —

Resolved, That, in the opinion of this Society, nurses, as well as physicians, who accept obstetric engagements for a certain date, always do so (unless expressly agreed upon to the contrary) with the implied condition that no miscarriage or premature labor takes place; in which latter case it is *not* customary for either nurse or physician to charge or collect the fee for services engaged, but not rendered at the time originally fixed.

Then came as follows the papers presented by the Committee on Surgery, Horace Packard, M.D., *Chairman*: —

- I. The Result of an Extensive Burn. Jas. Utley, M.D.
- II. Dislocation of the Cuboid Bone, with Report of Cases. J. K. Warren, M.D.
- III.
 - a. A Case of Echinococcus of the Liver.
 - b. A new Clamp for the Broad Ligaments in Vaginal Hysterectomy. Horace Packard, M.D.

On account of the late hour, discussion of this report was very limited.

NEW BUSINESS.

Dr. I. T. Talbot spoke of the wastefulness of our meetings, and moved that the Executive Committee be requested to call the next meeting of the Society on the second Wednesday and Thursday of April, 1889, and to fix a definite time for the report of each bureau.

Dr. N. W. Emerson said, that, coming here from abroad, he is impressed with the lack of dignity of our proceedings, and urges a two-days session.

After some further discussion the motion was carried.

The meeting adjourned at 5.35 P.M.

FRANK C. RICHARDSON, M.D., *Recording Secretary*.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE regular meeting of the Society was held at No. 5 Park Street, Thursday evening, Oct. 4, 1888, the President, F. C. Richardson, M.D., in the chair.

The records of the last meeting were read and approved.

N. L. Damon, M.D., Dorchester, Mass., was proposed for membership.

Notice was read of the death of Ellen M. Getchell, M.D., a member of the Society. Drs. Cobb, Hedenberg, and J. H. Sherman were appointed a committee to take action on the event. They reported the following resolutions, which the Society voted should be spread upon the records:—

Whereas, The members of the Boston Homœopathic Medical Society have learned of the death of Dr. Ellen M. Getchell, one of their members, one whose energy and ability enabled her to take a high position in literature and art, and who, though but a recent graduate in medicine, bid fair to take high rank in this her chosen profession:

Therefore resolved, That in her death this Society has lost a worthy member, one who was devoted to her work, kind to the poor, and charitable to all.

Resolved, That these resolutions be spread upon the records.

Scientific Session.—Dr. Clara E. Gary read a very interesting and instructive paper on "Cerebral Localization." Several members took part in the discussion. Dr. N. W. Emerson, in

connection with the subject, reported a peculiar and interesting case of diffuse abscess of the brain. Dr. Walter Wesselhoeft spoke of a unique case of a child whose brain substance was injured by the careless use of forceps at birth, and the strange lesions found some years later in making the autopsy. He also spoke of the great uncertainties of localization; different conditions, and extent of pathological changes, produce such a wide range of symptoms in different individuals. The President spoke of the great need of further light on the subject, and called on all to make post-mortem examinations and reports of all cases of brain lesions, always if possible making a microscopical examination.

Dr. W. J. Winn reported several cases of phimosis calling for interference. Dr. Walter Wesselhoeft spoke of the large number of children that required attention. Dr. Winn thought that in most cases the adhesions generally found in this condition were the cause of the reflex troubles; occasionally the opening is so contracted as to interfere with the flow of urine. Dr. Horace Packard spoke of a published case where adhesion of the labia minora to the clitoris was said to have been the cause of much reflex nervous disturbance. He spoke of a case of epilepsy that was circumcised with no benefit resulting. Dr. Hedenberg said a great many of the male children called for attention, and thought the condition often occurred from lack of proper care; he had often seen adhesions of the clitoris as referred to by Dr. Packard. Drs. Phillips and Boothby spoke of the methods of operating. Dr. Boothby thought that circumcision was rarely called for and too often performed, that proper dilatation would relieve most cases. Dr. Emerson said in the past six months in the German hospitals he had not seen a single case of cutting, dilatation being performed in every case. The President spoke of the many and severe conditions often resulting from neglected phimoses.

W. J. WINN, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

A MANUAL OF GENERAL PATHOLOGY. By Joseph Frank Payne, M.D., F.R.C.P. Philadelphia: Lea Brothers & Co., 1888. 528 pp. Price \$3.50.

No more admirable, readable, and instructive work on pathology, than the one before us, has lately been presented to the profession. Received with great favor on the other side of

the sea, it will doubtless as readily achieve place and success with American practitioners. It is in two parts: The Processes of Disease, and The Causes of Disease; with a brief but very valuable appendix on Methods of examining Bacteria. The pathology taught is modern and sound. The chapters on "Fever," and the "Pathological Relations of Blood Pressure," are notably able and suggestive. In Part II., bacteriology in all its latest developments is exhaustively dwelt on; and, without being in any sense a micro-maniac, the author is deeply impressed with the importance of the study of micro-organisms, and his enthusiasm is contagious. The owner and user of a microscope — and what progressive physician of to-day is not? — will find the abounding and accurate illustrations of various forms of bacilli quite sufficient inducement in themselves, for him to add the work to his library. We note with surprise, as entirely exceptional in work from the press of Messrs. Lea Brothers, an occasional misprint, though fortunately unimportant ones; as, on p. 491, the date 1852 — evidently meant for 1882 — as that of the publication of Koch's discoveries regarding the tubercle bacillus.

TUMOURS OF THE BREAST; AND THEIR TREATMENT AND CURE BY MEDICINES. By J. Compton Burnett, M.D. London: James Epps & Co. 1888.

Dr. Burnett's exceptional charm of style was never more evident than in this little volume, which, while daring in its attack on medical convictions now well-nigh classic in their conventionality, is so full of a certain brilliant positiveness as almost to assure the transformation of every reader to a convert. The *motif* of the work is, in a phrase, the substituting, in the vast majority of cases of tumor, and especially of tumor of the breast, of treatment with the well-selected remedy, for the more radical and drastic treatment with the knife. The author claims for treatment by medicine, as practised by himself and others, a thorough success, and pleads, as offset to its comparative slowness of action, the weighty certainty of the cure so obtained being a permanent or "vital" one, doing away with all danger of return of the morbid growth. As we have already suggested, there is something very inspiring, very "fetching," in Dr. Burnett's own profound solidity of conviction; and the most cautious of his medical readers will be at least tempted to trust his assurances and experiment with his methods. We hope that in his larger work on the subject, which he promises in his spirited preface, two very serious needs of the present little book will be made good: first, a clear-cut description of the differential indications for the remedies employed; and

second, a detailed and candid statement of cases in which treatment of tumors by medicine has been *unsuccessfully* employed.

PHYSICAL DEVELOPMENT; OR, THE LAWS GOVERNING THE HUMAN SYSTEM. By Nathan Allen, M.D., LL.D. Boston: Lee & Shepard. 1888. 343 pp.

The essays which go to make up this volume have, for the most part, appeared in the more or less remote past, in various scientific periodicals. Brought together in permanent form, they contain, together with matter now somewhat anachronistic, much that is suggestive and sensible, and will repay reading. Its principles are the fundamental ones of hygiene: the insistence on sane and regular living, cleanliness, abundant exercise, and avoidance of excess. Dr. Allen believes and teaches that much moral evil is susceptible of physical cure: above all, of physical prevention by obedience to known laws of heredity. The portions of the book referred to as anachronistic are those which lament the tendency of modern womankind to turn from the routine of domestic labor, which, the author claims, must result in the degeneracy consequent on lack of exercise; a foreboding which the wholesome tendency of to-day toward out-door sports for women, tennis, and the like, and the establishment, in connection with female colleges, of well-equipped and scientifically conducted gymnasia, are fortunately doing much to prove groundless.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE. By Joseph W. Howe, M.D. New York: E. B. Treat. 1888. 299 pp.

There is here incorporated the substance of a course of lectures delivered by the author, in the Medical Department of the University of New York. Extended quotations are made from the writings of specialists on the subjects dealt with. The treatment is, of course, that of the "rational" school. The book is adapted, it would seem, rather to the impartial investigator of the subject, than to the student in quest of practical counsel: the testimony quoted on several points, notably that of the hurtfulness of continence, being often contradictory. It is also to be regretted, that so little stress is laid upon the efficacy of psychical treatment in many of the troubles mentioned. In spite of these defects the book is suggestive, its style cleanly and temperate, and its usefulness will doubtless be considerable. The chapters dealing with the prophylaxis of sexual evils, especially in the young, will repay a careful reading.

THE OCTOBER CENTURY has, as frontispiece, a striking portrait of the much-mourned young Jewish poetess Emma Lazarus, and contains a brief but tenderly appreciative sketch of her character and work. The "Life of Lincoln" is continued. The short story of the number is a droll little dialect tale, "An Idyl of Sinkin' Mount'in." Kennan's Siberian paper deals with "The Forwarding Prison at Tomsk." The poems are not especially noteworthy. Of the essays, the picturesquely illustrated one by Mr. Roosevelt, on "Frontier Types," will perhaps awaken most interest. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for October has, as leading article, a paper on "The Relation of the Sexes to Government," by Professor Cope, in which the "remonstrant" element of the woman question voices anew some wearily ancient ideas; there is a suggestive article on "Hypnotism," by Dr. Herter; and Professors Brooks and Emerson have interesting contributions on zoölogical subjects. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, M.D., LL.D. New York: D. Appleton & Co.

THE EAR AND ITS DISEASES. By Samuel Sexton, M.D. New York: William Wood & Co.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Charles E. Sajous, M.D. 5 vols. Philadelphia and London: F. A. Davis.

A SYSTEM OF GYNECOLOGY, BY AMERICAN AUTHORS. Edited by Matthew D. Mann, M.D. Vol. II. Philadelphia: Lea Brothers & Co.

ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE AND LANGUAGE. New York: John B. Alden.

SEMI-CENTENNIAL CELEBRATION OF THE INTRODUCTION OF HOMŒOPATHY WEST OF THE ALLEGHANY MOUNTAINS. Published by the Homœopathic Medical Society of Alleghany County.

AN ADDRESS ON RHINOLOGY. By Carl H. von Klein. Reprinted from the Journal of the American Medical Association.

PERSONAL AND NEWS ITEMS.

DR. N. W. EMERSON having returned to Dorchester will resume his practice, and occupy his former residence and office, corner of Hancock and Glendale Streets.

HOWARD C. JEWETT, M.D., New York Homœopathic Medical College and Hospital, 1888, is located with Dr. C. F. Sherman in the Daggett Building, Haverhill, Mass.

HELEN L. F. WRIGHT, M.D., has located at No 231 West Newton Street, between Columbus and Huntington Avenues. Her office hours are from eleven to twelve, and from three to four.

DR. H. F. BRACKETT has removed to No. 230 Washington Street, Brighton. His office hours at his home are every day until 8 A.M.; and on Monday, Wednesday, Thursday, and Saturday, from 1 to 2 and 7 to 8 P.M.

DR. F. D. STACKPOLE desires to announce to his friends that he has given up his office 118 Mount Vernon Street, and associated himself with Dr. William L. Jackson at 86 Dudley Street, Roxbury, where he may be found between the hours of 9 and 10 A.M. and 5 and 6 P.M., or at his house, 59 Dudley Street.

DR. J. J. PLACE has been appointed city physician at Providence, R.I., in place of Dr. W. H. Stone, resigned.

Dr. Stone's regular practice does not give him time to attend to the duties of the office, which he has filled to the entire satisfaction of all concerned for about three years.

DR. H. E. SPALDING has opened an office at Hotel Cluny, Copley Square, Boylston Street, Boston, and will pay special attention to diseases of the rectum and operative midwifery, and diseases incident to gestation and the lying-in state. Office hours in Boston from 8 to 9 A.M., and 12 to 1.30 P.M. Office hours in Hingham at 4.30 P.M. daily. Sundays excepted.

THE 1st of January, the time for making changes in methods of keeping accounts, is near at hand. We would call especial attention to "Bernd's Physician's Office and Pocket Registers" as giving a comprehensive and practical system of keeping physicians' accounts. A full description will be found in our advertising columns, and the books can be seen and examined at Otis Clapp & Son's.

DR. JOHN H. PAYNE has removed his office to Pierce Building, Copley Square, corner of Huntington Avenue and Dartmouth Street, where he will continue as heretofore to give special attention to the treatment of diseases of the eye and ear, and to their diagnosis for physicians. His office hours are 8 to 10, 2 to 4, 6.30 to 7.30. His residence is at Hotel Bristol, corner Boylston and Clarendon Streets.

DR. H. R. ARNDT will spend the months of November, December, January, and February at the Hotel del Coronado, on Coronado Beach, near San Diego, Cal. While there, he will hold himself in readiness to attend to invalids desiring the services of a physician.

IN a letter to the secretary of the Alumni Association of the B. U. S. of M., Dr. S. C. Kavalgian, of the class of '75, writing from Adapazar, Turkey, has these pleasant words of greeting for his classmates and fellow alumni:—

"You do not know how glad I feel every time that I receive a scrap of paper from the Alumni Association of which I am proud to be a member: then I feel that I am not a lonely castaway,—that they think of me in America.

"Yes, brethren, I belong to you. I am with you in every good work.

"Please give my love and greeting through the GAZETTE, or by any other means, to all members of the Alumni, and particularly to the dear old '75ers, my own class."

IN a private letter to Dr. Hedenberg, Mr. C. E. Hanaman, a well-known expert in urinalysis, strongly recommends the following formula, taken from Martin's Histology, for the preservation of casts and other urinary products:—

B Acetate of soda 1 lb.

Water ℥ iij.

Dissolve.

Mr. Hanaman adds, "Dr. Martin's method is to decant the urine from the sediment, and replace with acetate sol., and allow sediment to again settle.

"It will be necessary to use hot water to make the solution."

MELLIN'S FOOD FOR INFANTS AND INVALIDS. — A recent analysis by Mr. G. W. Wigner, the president of the Society of Public Analysts of England, throws considerable light, not only on the composition, but on the physiological action of this popular preparation. It appears that it contains nearly eighty-seven per cent of dextrine, maltose, etc., soluble in cold water.

As Mr. Wigner points out, it is not a mere starch or sugar food, but a soluble preparation containing those nitrogenous and phosphatic principles which con-

tribute largely to the growth of bone and tissue in young children. Being thoroughly malted, it is not only readily digestible itself, but actually assists in the digestion of milk and other foods with which it is mixed. It must of necessity be of great value in the case of feeble infants who cannot digest ordinary starchy foods. Mr. Wigner's analysis has evidently been performed with great care, and is of much interest. — *British Medical Journal*, May 3, 1884.

WE bespeak our readers' attention to the following announcement from the well-known publishers of homœopathic works, Messrs. Chatterton & Co.:—

"In January there will be issued from the press of A. L. Chatterton & Co., New York, a new publication entitled 'The Journal of Ophthalmology, Otology, and Laryngology.' It will be edited by George S. Norton, M.D., assisted by Charles Deady, M.D. The editors have undertaken the work with enthusiasm, and are determined to make the Journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this, the immense mass of material found at the New-York Ophthalmological Hospital will be fully utilized, in addition to which there will be articles by prominent authorities throughout the country. The journal will be particularly devoted to original articles upon the three specialties. This will probably be the only journal in our school devoted to these subjects, and special attention will be given to the development of homœopathic therapeutics and the clinical verifications of old and new remedies. The publication will appear quarterly, and consist of about 400 pages at \$3.00 per year. Those desiring full sets will do well to advise the publisher at an early date."

REED & CARNRICK'S SOLUBLE FOOD.

[Boston Medical and Surgical Journal.]

IN the "Journal" of Aug. 2, 1888, was published an analysis of Carnrick's Soluble Food, copied from and credited to the report of the New Jersey Dairy Commissioner.

Dr. Newton, the commissioner, has forwarded to us a circular, recently issued, bearing upon the same subject, to which it is necessary we should, in common honesty, give equal publicity to that given the first quotation. The circular is as follows:—

STATE OF NEW JERSEY.
OFFICE OF THE DAIRY COMMISSIONER.
PATERSON, N.J., Sept. 19, 1888.

In the report of this department to the Legislature for the year 1887, an article by Professor A. R. Leeds, entitled "Foods for Infants and Invalids," was published.

Messrs. Reed & Carnrick have, in a communication to this office, taken exception to some of the statements therein made, claiming that the amount and character of the ingredients of their food preparations were misrepresented. In order that these gentlemen might receive full justice, I offered to have the analytical work revised by a chemist of reputation, who had never had any business or professional relations with either the State or Reed & Carnrick; and it was also stated that the results of this series of analyses would be published by this office.

Accordingly, Professor Elwyn Waller, professor of analytical chemistry at the School of Mines, Columbia College, New York, was requested to purchase a package of "Carnrick's Soluble Food" in the open market, analyze the contents thereof, and report the results to me. Below is a copy of his report:—

"I examined a sample of 'Carnrick's Soluble Food' (purchased by myself from Eimer & Amend). I find that 38.26 per cent of the albuminoids which it contains are in the soluble form.

"The sample also gave readily the biuret reaction for peptones. I failed to detect in the food, when moistened, any of the 'hard, unchanged particles of casein,' which it has been asserted that it contains.

"My results lead to the conclusion that the casein in the preparation has been partially rendered soluble by the action of the digestive ferment, as claimed by the manufacturers.

"(Signed) ELWYN WALLER, PH.D."

I append herewith a letter on this subject that I received from Professor A. A. Breneman, S.B., formerly professor of chemistry at Cornell University, now analytical chemist at 97 Water Street, New York.

WM. K. NEWTON, Commissioner.

NEW YORK, Sept. 18, 1888.

DR. W. K. NEWTON, *State Dairy Commissioner of New Jersey.*

Dear Sir, — The report of your department for the year 1887 refers to certain preparations made by Reed & Carnrick of New York, in a way which, from my knowledge of their work, seems to do them injustice.

The statements to which I especially refer are, —

(1) That the milk solids in the preparation known as Carnrick's Soluble Food contain merely the dried casein of the original milk, neither changed nor modified by any process of digestion

(2) That the analysis of this food, given in the report of the State Board of Health of New Jersey for the year 1885, correctly represents it, giving as it does only 10.25 per cent of total albuminoids.

(3) In the analysis of the preparation known as Liquid Peptonoids (New Jersey State Dairy Report, 1887), the proportions of alcohol and albuminoids there given are made the basis of comments which are extravagant in language, and unnecessarily severe.

On Feb. 20, 1888, I made, at the request of Reed & Carnrick, a test of the peptonized milk received in good condition from their factory. Of the albuminoids of the original milk, 46.6 per cent were found to be rendered soluble; that is, no longer precipitable by boiling or by acids. Through the process of digestion such soluble nitrogenous matters must, under the circumstances, consist of peptones, albumoses, and caseoses, products of the modification of the original albuminoids of the milk by digestion.

Having made many analyses of this food during the past three years, I have never found the proportion of albuminoids to run below 16.5 per cent as determined by combustion with soda lime. The average of fifteen analyses made since Jan. 1, 1887, shows 18.96 per cent of albuminoids. These results also agree well with the analyses of the same food made by Stutzer and other well-known chemists.

As to the liquid peptonoids, the proportion of albuminoids is limited only by the quantity which can be kept unchanged in solution. Sixteen per cent of alcohol is necessary to prevent decomposition of the albuminoids, and no quantity greater than three per cent of these can be held in solution in this liquid. Many attempts have been made to accomplish a better result, but in all cases the excess of albuminoids was deposited after a time, or, with reduced proportion of alcohol, decomposition of the albuminoids occurred.

Very respectfully,

A. A. BRENNEMAN,

Analytical and Consulting Chemist.

OBITUARY.

ELLEN S. GETCHELL, M.D., class of 1884 B. U. S. of M., died of heart-disease at her residence, 81 Roxbury Street, Boston, on Sept. 26, 1888, aged 49 years.

She was a woman of many accomplishments, and well known in musical and literary circles. Early in life she commenced writing for the press, contributing to and editing the "Literary Companion," published in Augusta, Me., her native place.

Later, she became an assistant to John Stetson of Boston, being employed by him as examiner of theatrical manuscripts, and taking charge of his paper. She wrote several light operas, and was well known to the theatrical profession. Becoming interested in homœopathy, she determined to devote herself to its study and practice, and entered the B. U. S. M., giving up all other pursuits. After graduation she settled in Boston, and soon established a good practice. Her success was rapid and marked. She was very kind to the poor, and had many patients in all classes and conditions of life.

Her health failed rapidly during the last few months, but she gave herself little rest, and worked up to the last. Both in professional and social circles she will be sincerely mourned.

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EDITORIAL.

THE RENAISSANCE IN MATERIA MEDICA.

To earnest lovers of homœopathy, its growth as a science, appealing to and triumphantly meeting the tests of the modern spirit of scientific inquiry, is no less dear than its growth among the laity, as a widespread, trusted, and successful method of practice. To such lovers of homœopathy, therefore, there is no more hopeful sign of the times, than what may be called the renaissance in our materia medica; the widely-diffused, newly-awakened enthusiasm, manifesting itself in many differing but unmistakable ways, over the effort to make of our materia medica something deeply founded, solidly built, well compact together and clinically to be comfortably depended upon. That our materia medica has hitherto been anything but this, it is no longer only the few daring pioneers of reform who claim and lament; the great majority of thoughtful homœopathic physicians today acknowledge it, and are prepared, though in a justly conservative spirit, to welcome any proposed means of reformation. When the discussion over the *Cyclopædia of Drug Pathogenesis* first broke ground for the building of this fair reform, there was revealed to exist among homœopaths a spirit of owl-like bigotry and tradition-worshipping, worthy of the dusty councils of Andover theologians, rather than those of enlightened scientific workers for the material good of suffering humanity. But with the pouring in of more and more light upon the subject, these owl-like spirits are rapidly flitting back, hooting as they go, to the dark forests of mere superstition, in whose congenial twilight depths they will doubtless hootingly

await the sunset of time. Such spirits are those who look upon our materia medica as something sacred and infallible in itself : not to be questioned, not to be tampered with : right as it is, and for no better reason than *because* it is : spirits who find their exact parallel in the so-called Christians who motion from them with horror the new version of the Scriptures, because they find omitted from it the errors of the former version, which apparently are quite as sacred to them as its truths. Fortunately, as we have said, such spirits are in a rapidly-diminishing minority. Fortunately, thanks more than anything else, to the insight and the courage of the workers for and on the *Cyclopædia*, and the vivifying and absolutely priceless thought and discussion awakened by their labors, the majority of homœopathic physicians fully realize that in our homœopathic materia medica, as it stands today, we have a very monument of human fallibility and credulity : a mixture of wheat and chaff, which only the utmost patience, the utmost reason-guided energy of effort, can sift to material worthy to be moulded into food for the life of science. They realize that most of our works on materia medica are simply reservoirs, into which, without attempt at filtering, have poured unquestioned, for nearly a century, streams from whatever source. They find under the heading of almost every drug, chosen however at random, a mass of self-contradictory, often whimsical, often meaningless, often maddeningly bewildering symptoms ; and from their confusion over such, from their over-wearied efforts to find among them the *similimum* of their pressing, immediate, often bitter need, springs the never-ceasing demand for those simplifications of our materia medica—too often simplifiers at the expense of veracity — “key-notes” and “repertories.” Such studies as have lately been made into the sources of the provings of many drugs, old and new, have been rich in revelation, in suggestion and result. It is one thing to daringly venture to doubt the value of some striking symptom, when one sees it simply chronicled, without comment, in some imposingly bulky work on materia medica ; it is quite another and obvious and easy thing to put such a symptom from one’s over-burdened memory forever, when investigation shows it to be derived from a single proving, made by a man suffering from some nervous affection, or by a menstruating woman, or by

some "observer" of the effects of a single dose three years after the dose has been taken. Yet such symptoms, exaggerated and impossible as the statement seems, crowd our materia medica, making it the misshapen, bloated, crippled thing it is. To remove them, at once and permanently, by the sharp surgery of scientific study and analysis, is the *sine qua non* of our materia medica's shapely and healthful growth. To rigidly exclude new symptoms of like origin and value, which — as is the case — daily present themselves for admission, is the plainest and not the least vital of our duties. Medical societies, of which there are happily so many in our land, can do no work of such permanent value, as in joining in the effort toward this reform of our materia medica; in systematic inquiry into the origin of the "symptoms" to which they are asked to pin their faith, in our countless text-books and repertories: in applying themselves, by test and counter-test, to find the demonstrable value of the new remedies that crowd into the magazines of today, that they may climb into the text-books of tomorrow.

We are not forced to plunge into the chaotic labyrinth of materia medica revision, without at least a slender thread, which, held fast, will pilot us through. CONGRUENCE OF SYMPTOMS is the test phrase which will open to us all that is most practical, most available, most solidly dependable in the provings of any drug whose pathogenetic wheat we may attempt to sift from its chaff. Symptoms obtained in common from many provers, are symptoms which may be counted upon as proceeding from the drug taken, and not from the individual imagination of the prover taking it. It is not a rigid or unreasonable demand, which asks *congruent symptoms in many provers* as the supreme test of a drug's scope and a drug's power. It is an axiom as universal as irrefutable, that "*to similar causes there are in those similarly constituted, similar modes of physiological or pathological reaction.*" On like reasoning rests the Baconian philosophy: rests every physical and mathematical truth: to bring the case nearer home, rests all our structure of exact modern pathology, which classifies, differentiates, and recognizes diseases solely on this basis of *congruence of symptoms*. If, as Hahnemann says, "Drug potencies possess an absolute, unconditional power, far superior to the natural noxious agencies and

contagious miasms producing diseases": and again, "Thus every living human organism is always (unconditionally) affected, and, as it were, infected by the drug disease: which, as stated, is not at all the case with natural disease";—if these dicta of the founder of homœopathy are to be received, are we not also forced to receive the *congruence of symptoms* as our central test in drug-proving? If human beings are sufficiently "similarly constituted" to suffer, in the vast majority of cases, practically identical results from exposure to disease germs, or a blow on the head, then are they sufficiently "similarly constituted" to present similar symptoms from a drug capable of producing any reliable symptoms at all: especially if, as in the last quotation from Hahnemann, we are to believe drug-action more universal and more potent than any natural disease-producing agency. From the application of the test requiring congruence of symptoms, we cannot expect perfect and infallible results. But we can expect an immense, an incalculable, and a most beneficent reform in our methods of drug-proving, and of revising the records of drugs already proved. The factor of personal idiosyncrasy, and conditions therefrom resulting, is not necessarily lost sight of, in adherence to our crucial test; but study of it is necessarily postponed, as of distinctly subordinate importance. Every rule has its exceptions: but every rule must be established, acknowledged, and mastered, as such, before time can be spared for exceptions. The orderly course of progress is from the universal to particulars.

In illustration of the above, our readers are requested to earnestly consider and exhaustively study the "Critical Analysis," with its accompanying charts, which is begun in our present issue, and will be concluded in our next. In it will be found the principle of *congruence of symptoms* in practical application: doing not only its work of elimination, but what to most minds will be its far more welcome work of confirmation. We cannot but feel that in such analyses lies the hope of the *materia medica* of the future. In the year to come, the GAZETTE hopes to present several such to its readers; and hopes yet more warmly to incite its readers to the vastly renumeration, if arduous, labor of making such for themselves.

EDITORIAL NOTES AND COMMENTS.

A PERHAPS UNINTENTIONAL COMPLIMENT is paid to homœopathy in an article contributed to *The American Journal of Insanity* for October. The article in question is "A Plea for a Better Knowledge of Insanity by the General Practitioner," is from the pen of Charles G. Hill, M.D., and was originally prepared for and read before the meeting of the Association of Medical Superintendents of American Institutions. The gist of the "Plea" is that medical students should receive more thorough and specific teaching on the subject of insanity than is now the case; a plea well justified by the fact that the law permits the incarceration of a patient, as insane, upon the testimony of physicians who can lay no claim to be experts, or to have received fuller instruction on the subject than is furnished in the ordinary college curriculum. "Insanity," says Dr. Hill, "should be treated as a separate chair in all medical colleges, and would be, if properly urged." Following this statement, Dr. Hill quotes the following very suggestive statistics from the Report of the Illinois State Board of Health:—

Total number of Medical colleges in the

	Regular.	Homœopathic.	Eclectic.	Physico-Medical.	Total.
United States . . .	90	13	10	3	117
Canada . . .	12	0	0	0	12
Total . . .					129

Those including insanity in their course of instruction:—

UNITED STATES.

Regular . . .	24, or about 20 per cent.
Homœopathic . . .	7, or about 54 per cent.
Eclectic . . .	3, or about 33 per cent.
Physico-Medical . . .	1, or about 33 per cent.

CANADA.

Regular . . .	1, or about 8 per cent.
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The italics are, of course, our own. It would seem that the most wilfully blind of our allopathic traducers could hardly fail, when studying these, and kindred statistics in other branches of medical study, to admit that the beloved plea of the "ignorance" of homœopathists must soon be buried, past even the cheering summons of the chestnut-bell. For a goodly number of years,

we are thoroughly proud to claim and to remember, homœopathy has — not marched abreast with, but — led the very van of progress in medical education. It was but in following her leadership that allopathic colleges found courage to demand a compulsory three years' course, and compulsory entrance examinations. It is very satisfactory to learn, and learn, too, from sources whence no love for us flows, that we lead, also, in a requirement so important as that which is suggested above. Under the enthusiastic and wise efforts of our Institute Bureau of Medical Education, we may be sure that our record on these subjects will be matter for ever increasing pride, from year to year.

A DELIGHTFUL STUDY OF CONVALESCENCE — so vivid, so sympathetic as to leave no doubt the author has "been there," — is to be found in the November *Harper*, in an article which is, indeed, delightful throughout: "Invalidism as a Fine Art." For the benefit of those of our readers who may have missed it, — and those who have not should be glad of a re-reading, — we make the following all too brief quotation: —

"When he is wholly recovered and in the world again, he may be, and probably will be, very nearly the same kind of a man that he was before; but for the period of his confinement he is forced to live honestly as a saint, purely as a little child, bravely and patiently as a soldier. The reward is at hand. To whom of us has it not occurred, in times of failure and disheartenment, to wish that life were a sum upon a slate, to be entirely rubbed out and begun over again? Convalescence is not unlike a realization of this desire. A new page is turned, a new start is given. A childish delight in his own body — 'the nearest piece of the outside world' — takes possession of the sick man, holding his thin fingers up to the sunlight and watching the veins fill day by day. The languor of budding health reconciles him to the simplicities of the daily routine. It is enough to breathe full breaths, enough to eat and sleep, enough to watch the attendants go about the room, or the shadows and sunbeams quarrel for possession of the carpet. It is a paradise, an intermediate state between sickness and health, where there is neither judgment nor condemnation, neither temptation nor struggle; where, in short, as his doctor tells him, 'There is nothing to do but to get well.' He examines his arms and legs and moves his toes, taking pleasure in his muscular endowment as he did some thirty, forty, or fifty years ago, when he first made his own acquaintance. A little thing pleases him, especially a little thing to eat. He is astonished to find what an engrossing, elevating delight eating may be, above all when accompanied by a sense of obligation to one's own worn-out tissues. He feels generous to himself, and again grateful to himself for that generosity. He swells with pride and satisfaction in his daily gains. Every meal is a mile-stone on the way, a sacrifice to

Hygeia, a joyful ceremonial. His selfish heart expands into the juicy tenderness of an ever increasing humanitarianism. He longs for his kind, longs to extend the warm hand of friendship to his brother man. Intoxicated with fresh draughts of health, he feels the philanthropic impulses of one who would 'treat the town.' He laughs easily and enjoys the racket in the street, threatens to take a ride with the ragman in his belled cart, tosses a handful of pennies to the organ-grinder, tolerates the cracked voice of a flute on a neighboring corner, appreciates anew the clumsy efforts of humanity to conquer the sadness of living. 'Trees and clouds and 'that sort of thing' pall on his taste. He is 'ready to see the fellows any time,' and takes it seriously to heart if they do not rush to his door in a body and besiege it day and night. The bottles are banished. The curtains are rolled up as high as they will go. In pours a stream of blazing light, announcing, like the blare of trumpets, the prisoner's release. Shadows and fancies fade together. Sick-bed repentances linger with a softening influence, but no longer clutch him by the throat. He feels his legs under him again, weak and shaky, but they are *his own*. He has chipped his shell, burst his cocoon. It was worth all the being ill, he tells you, to be born again in this fashion."

A CHRISTMAS REFLECTION, which, though far from original, is not without interest, occurs to the Doctor as, on Christmas eve, he is groping in the study closet for his oldest pair of slippers. The Doctor has just returned from a supplementary visit to Mrs. De Nerfs, who was taken, just as his day's work was comfortably concluded, with a "very peculiar" pain in the second joint of a toe of the left foot. She was sure, she told the Doctor, she had heard of a homœopathic remedy with just that symptom, and hoped the Doctor could recollect it. He said, with a certain grimness, that he knew exactly the remedy required, and had frequently found it meet such symptoms to a charm: prescribed *sac lac*, a powder exactly every hour and three-quarters; and stifled his professional conscience, while tramping homeward through the sleet and east wind, with the sophistry that as nothing creates nothing, so nothing may be justly employed to cure nothing. Which sophistry his professional conscience never swallows without a gulp.

Having found his oldest slippers, and effected the exchange with his snow-chilled boots, the Doctor, with a sigh of relaxation, drops into the arm-chair by the fire, and gives himself up to the reflection that had overtaken him in the closet. Which is, that Christmas-time gives the physician an excellent opportunity for observing certain facts which go to justify the mind-cure theory. As his thoughts travel back over the visits made that day, he is

struck with the bettered condition of almost every patient, in those homes where Christmas is kept in the Christmas spirit, and he cheerfully admits to himself that such improvement has been largely due to the temporary wooing of the patients' thoughts from self and physical ills. In illness of nervous origin or maintenance, this has been especially the case; even Mrs. De Nerfs' late attack being largely due to the Christmas-tree having been decked an hour earlier than usual, thus giving her leisure to discover a "peculiar pain" before dinner. But even with poor MacLaren,—and that crushed leg of his is anything but an imaginary evil, the Lord knows!—thinks the Doctor, with a twinge at the mere memory of how that leg looked when MacLaren was brought home from the mill,—even MacLaren, that day, had greeted him with a smile for the first time since the accident, and seemed less inclined to dwell upon his pain—"which I think must be better, doctor, for I haven't thought of it for an hour"—than upon the hideous little ten-cent doll which he had been helping the overworked mother to dress for "the bairnie's" Christmas stocking. As he noted the evened pulse, the brighter eye, the change from fevered restlessness to something like cheerful interest in external things, the Doctor has reflected that the most scientific of physicians cannot afford to neglect the possibilities of psychological medicine. And then there was that little Marjorie at the hospital, with the spinal trouble which holds her prisoner, hand and foot,—how her patient face had lost its pain-lines while the Doctor was describing to her the load of holly he had just seen carried into a down-town church; and how the young people in their furs and with their bright faces had come trooping out to meet it. As the Doctor laid upon her bed the little sprig of holly he had stooped to pick up in passing by, she had cried, with a little sudden smile, "Ah, doctor, you would soon cure us, if you could bring us Christmas every day!"

That is what the Doctor is thinking as he sits by the fire. If doctors could carry their patients "Christmas every day": could think of them not as "cases," but as very human men and women and children: could remember to give some cheery word to the hungry *self* behind the crushed limb or twinging nerve, with which the doctor too often solely concerns himself: could

carry into every sick-room an atmosphere of Christmas, which means an atmosphere of faith in mankind, and . . . and, it may be of hope in those things which are out of sight . . .

The Doctor, being a very busy man, has not been wont to dwell greatly on the things which are out of sight. But when something familiar, as must happen ever oftener with every one of these changing, hurrying, saddening years, goes out of sight, it is inevitable that one's thoughts must sometimes follow. There is Freunde, for instance. Last Christmas eve, it was, the Doctor remembers, that Freunde dropped in to have a pipe by the fire and talk over old college days. Was it only a month ago that, as chairman of the committee, he was writing the preamble of those resolutions, — "Whereas, in the providence of God, our colleague" . . . How cheerful and full of wholesome life Freunde had been always! Can it be possible that because that change we call death has passed upon him . . .

The Christmas firelight searches out, on the Doctor's bowed head, gray threads, that have multiplied fast since a year ago. And the Doctor's thoughts have travelled where it is not within the province of a medical magazine to follow. But it may be, that if our thoughts oftener travelled such a road, the wistful little Marjories among our patients would be nearer the fulfilment of their wish, that we might bring them "Christmas every day."

CRITICAL ANALYSIS OF DRUG-PROVINGS, WITH ILLUSTRATIVE EXAMPLES.

BY C. WESSELHOEFT, M.D., AND J. P. SUTHERLAND, M.D., FOR THE COMMITTEE ON MATERIA MEDICA.

[*Read before the Massachusetts Homœopathic Medical Society.*]

INTRODUCTION. By C. W.

IN the following report your committee hope to present to this Society not only a principle of revision and analytical criticism of the materia medica, — but also a practical method by which the value of a proving can be determined.

Long and vain has been the demand for the separation of the wheat from the chaff, but hitherto we have never reached beyond a poetical metaphor on the one hand, and a spirit of indifference on the other.

Your committee see with apprehension the issue of new

repertories or text-books, in which the unquestioned materia medica is arranged for practical purposes, as if each "symptom" it contained were an absolute truth. All we know is that a part of it is true, another fallacious; but to separate the true from the false, we have never sought any means, but that most uncertain and deceptive one, the "clinical test." We do not know in a new proving, nor in most of the old ones, how to distinguish the useful from the useless. For a hundred years we have applied the clinical test, with no other result than the fallacious deductive generalization that in the end all symptoms in a proving might be true results, because sooner or later a cure resulted after the application of each "proven" symptom.

A priori no proving can be relied upon as a true result to be applied, under the maxim of similars, unless it was first demonstrated that the substance proved was a proper subject, and properly prepared; that it contained the subject alleged to have been proved; that the proving was the result of the drug, and that it was due to no other cause; that the proper checks and safeguards (counter or control tests) were employed in obtaining the results. If these safeguards ever were employed to ensure a reliable result, we seek in vain to find when, and by whom they were used. We cast no reproach upon any author of provings, new or old, but ascribe the want of authoritative evidence to the time-honored custom of placing overweening faith in the personal authority of individuals. The time for this method of vouching for truth has gone by. No lover of nature, and no seeker for truthful evidence of the causes of natural phenomena, would give a copper for such tests as have hitherto been applied for the discovery of the truthfulness of our rule of similars, or the truthfulness of the materia medica as applied under that rule, or for the methods of the old school of determining the usefulness of drugs.

In order to advance a step, hoping that it might lead us in the right direction, your chairman, several years ago, endeavored to draw attention to the fallacious methods in use, and did so, especially in an article entitled, "Our Methods of Drug-Proving,"* wherein the principles underlying scientific research, its methods and rules, were discussed at length and in full detail. It was with these principles that the members of your committee on materia medica have made themselves familiar, and to which they have given their approval. In the conferences held by your committee, it was well understood that while the analytical test of provings should in future be conducted according to certain rules and principles, none should be too closely

* NEW-ENGLAND MEDICAL GAZETTE, Vol. XXI., No. 6. (June, 1886.)

bound by these rules, but each should have perfect freedom in applying the principles, according to his own methods, and in drawing his conclusions.

Based upon these principles, your committee have issued a circular setting forth, in brief, the principles and rules to be followed by them in the critical analysis of provings, new and old. These rules are here appended :

In order to accomplish our object, we should aim at the introduction of a method which shall make no invidious distinctions between, or admit of any *a priori* assumption as to the validity of provings. The method proposed shall be alike fair in its judgment of high or low potency provings; it has not to determine whether the drugs used were properly prepared, or what their nature was; it has little to do with the health or the temperament of provers, for if the leading principles of the method as stated below are followed, the result of the examination of a proving will undoubtedly determine its practical value.

What we want to discover in a proving is whether the symptoms recorded are due to the drug. The future general acceptance for which we hope for the principle S. S. C. depends entirely on correct methods of proving. The following principles should guide the proving of drugs :—

Certain causes acting under like conditions always produce the same effect; and hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.

A proving properly made—that is, a carefully conducted test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment by different provers the result *varies*, it cannot be attributed to the drug taken,—(if “like causes produce like effects”).

Although provings upon the human organism may vary slightly in different persons, and although a certain latitude may be allowed them, it is far safer to apply the rule in its literal meaning than to endanger the sick by ambiguous interpretation of provings or their doubtful results.

Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined. But in order to accept the results as valid, insist that the observations and records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning; if they do not manifest such congruity, they shall be excluded as useless.

Next to the above rule concerning the value of congruent symptoms, the definition of *value* is embodied in the following rule :—

Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects which serve to distinguish each drug from others; but these effects shall not be considered as resulting from and peculiar to the drug unless they are recognisable as distinct signs of disease (pathological) and unless they indicate some recognizable class of pathological states (diseases).

A considerable number of extensive experiments show that the normal human individual is usually capable of manifesting a large array of deviations which are not of a morbid or pathological nature; these must be distinguished from the spurious deviations, if provings are to be of value.

The critical examination of provings, whether made by the prover in person, or others, should be conducted according to the above principles, and we now propose

to apply them for the first time. The object will be to compare the records of each prover with those of the others, and then to accept those effects only which are corroborated by numerous tests, of which there should be no less than three.

(A.) These three provings should be by different provers, as the same prover is apt to have the same symptoms whatever he is proving.

(B.) We should, in making these comparisons, unhesitatingly omit as useless everything which does not agree in sense and meaning between different provers, as it is *uncertain* and misleading.

(C.) We should not keep anything in the way of symptoms which is doubtful; it is far better to omit a few paltry effects which might have been due to the drug, than to admit thousands of a doubtful nature. Why account for them at all? Let us keep only that which, according to our best knowledge, is correct.

In the special method of critically examining a proving, it should be left to each to find his own technical method. But the following is proposed as a guide:—

Suppose we were to examine a proving, take those of *Gamboge* in the *Cyclopædia of Drug Pathogenesis*.

1. Read the whole through carefully.
2. Copy on narrow strips of paper, less than three inches wide, the record of each prover there given.
3. In such a manner as to arrange the symptoms in order, according to the parts of the body: head, throat, stomach, etc. This is for comparison.
4. Having done so, place the strips side by side so as to bring the parts to be compared in a line, and then pass judgment as to whether they agree in the different provings or not.

The conclusions to be drawn regarding the value of a proving, rest upon the pathological knowledge and experience of the critic, who is to bring unbiased judgment to bear upon the work of others. The critic should not yield to a fear of eliminating too much; great volumes of dross are often to be thrown away to secure a single grain of gold, and this had better go with the dross if inseparably alloyed with it.

5. If we find, *e. g.*, the head symptoms of provers A, B, C, D, to agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression; for instance, if those who record head-symptoms all differ, while others record no such symptoms, the whole should be excluded, *i. e.*, designated as valueless, because uncertain.

7. All parts of the body should be compared in this way, if possible. If the proving, however, is very voluminous, consisting of the records of many provers, ten or twenty, or more, the writing out of all parts would take much time. Although this should form no excuse, the time of the committee is limited, and therefore labor can be abbreviated by comparing only two or three of the chief parts of the body, say head, chest, abdomen.

8. Or, if on the first careful reading it should strike the reader that there are certain parts repeatedly and obviously being referred to by the provers, let these be the subject of comparison.

These suggestions can be modified, abbreviated, or extended by each critic of provings. But the chief object of doing such work is to test carefully what we already have got, before we go on increasing it in bulk. It is proposed, furthermore, that this committee prepare a number of such critically examined provings as examples of what can be accomplished in this way. Other societies will appoint

committees to do the same, and with comparatively little work we shall be able to place in the hands of our students and practitioners a rationally verified *materia medica*.

9. Use only original provings, giving name of prover, drug, and dose given, and dates accurately stated. Allen's *Encyclopædia*, and Hughes' *Cyclopædia of Drug Pathogenesis* are recommended.

In order practically to illustrate this method of critical analysis, four large charts have been prepared, two on Iodine, by Dr. Sutherland, and one on Cactus, and one on Hyoscyamus by the Chairman. These charts are before you on the wall, occupying many square feet of space. In the preparation of these charts for comparison of values, the method proposed in the above circular was accurately followed. The results obtained by each prover were placed in separate columns, so that the different provings occupy parallel columns. In these columns, the convenient order of the parts of the body from the head downward has been adopted, so that reading from left to right you may see at a glance the result obtained by each prover. You will see at a glance whether each prover had a fair number of effects, or whether all the effects embodied in the *materia medica* were claimed by one prover only, while eight or nine others got no effects; whether the effects are pretty evenly distributed; and, above all, whether the effects coincide in the different provers, or whether they are widely different in sense and meaning.

Again, you are enabled by these charts spread out before you, to determine the value of each prover's record separately, by reading the columns from the top to the bottom. As the symptoms written on white paper are pasted on to a dark background, persons even at the back of the hall can estimate the proportion or disproportion between the claims of different provers. Here we see one who claims to have obtained, we know not how, a column of symptoms seven or eight feet long, while the more modest experimenter to the right exhibits only two little white patches, upon which, however, are written effects, which, while they do not agree with their ostentatious neighbor on the left, compare favorably with the other provings in the columns to its right.

You will see the value of this simple and impartial manner of comparison when we analyze the charts in detail. But you must acknowledge, even at this early stage of our report, that neither the high-potency nor the low-potency advocate has reason to complain that the method is unfair; the only thing an ambitious prover has to fear, is that our method will show every error in a strong light, so that even the dullest eye can see them, while the truthful points are made equally conspicuous.

The work itself is by no means easy. In the first place, every symptom of each proving has to be copied on suitable slips of paper. In the case of Iodine, there were no less than sixty-seven such provings, to be carefully copied in such a way that the individual "symptoms" could be cut off and sorted. This done, the next step was to paste them upon the enormous surface of dark paper, as large as the floor of a good-sized room.

As the chairman could not bring himself to do the work on so gigantic a scale, he selected eleven provings of Hyoscyamus out of the ninety-six recorded, as it was not so much his object to remodel the whole proving as to furnish a fair example and illustration of the methods proposed to be pursued in future; and not only this, but also to teach others how to do it; for you cannot impose so great a task upon the industry and endurance of any one.

Till authors learn how readily and deftly to handle the cumbersome and chaotic material furnished by provers, all repertoires and text-books of materia medica furnished by the book market will have to be regarded with a just degree of skepticism. While a compiler of a repertory, clinical guide, or text-book, for which the materia medica is largely drawn upon, simply accepts as facts the whole mass of symptoms contained in our materia medicas, without the slightest interest or inquiry as to their source, as to how or by whom they were produced, we cannot hope for any permanent footing of homœopathy as a science, nor for any permanent reformatory progress. If homœopathy follows the inglorious path of present political parties, whose watchword is everything for the party and nothing for the country, it will surely end in nothing beyond a faction with a creed. To maintain itself as a body of physicians whose title rests upon conscientious research and accurate knowledge, it must seek and adopt more incisive measures of studying nature and of critical analysis of the results of its study; it must adopt more exact tests than the clinical test as hitherto applied, and more exact methods of reasoning than the *post hoc ergo propter hoc* method.

It has come to this, that when the clinical test recognizes only recoveries, and disregards, as a rule, all the cases in which medicines were prescribed without result; or when favorable results are explained as due well-selected medicines, and all negative results attributed to the non-selection of the proper *simile* or *similimum*, it would be equally just to assert that all those who publish selected successful cases are eminent prescribers, while those who choose a more conservative and impartial course are set down as unsuccessful.

Critical analysis, fearlessly conducted and urged by all societies,

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CHART ILLUSTRATING THE COURSE OF

HEART and PULSE.

SLEEP.

1 Pneumorrhagia renewed every 4 to 8 hours, convulsive cough, expector. of 2 to 3 pounds of blood; at once relieved, "cured" in 4 days.
 1 Sensation in chest of being held and pressed tightly causing patient to say, "leave me alone."
 1 Constriction of chest as if bound.
 1 Constriction in upper part of chest, hinders respir. (first 15 days).

1 Very acute pains and such painful stitches in heart as to cause him to weep and cry out loudly, with obstruction of respiration (8 days).
 1 Prickling pain in the heart impeding respiration and motion of body.
 1 Nervous palpit. of heart, augmented gradually on occurrence of catamenia.
 1 Heavy dull pains of the heart increased by external pressure (2d day).
 1 Constriction of heart as if iron band prevented its normal movement (10 days).
 1 The pulse completely lost for many days in a man affected with chronic hypertrophy of the heart; immediately after taking the remedy the pulsation return with an irregular rhythm and intermitting as before.
 1 Palpitat. of heart continues day and night, worse when walking and at night when lying on left side.

1 Slight delirium at night; on waking up it ceases for a time but begins again as soon as he goes to sleep (7th day).
 1 Talking nonsense while asleep at night, on waking talks unconnectedly.
 1 Interrupted sleep at night, next morn. he feels fatigued as if he had not slept at all (20th day).
 1 He cannot sleep in the first hours of the evening, and when then he falls asleep he awakes suddenly (first 8 days).
 1 Protracted sleeplessness during 48 hours with pulsations in both ears.
 1 Sleepless in the evening and at night from arterial pulsations in the scrobiculus and r. ear. (2d night).
 1 Sleeplessness at night without apparent cause.

1 Great chilliness toward ten in evening (first day).
 1 Slight shivering which passes off quickly toward 2 p.m. (first day).
 1 At one p.m. a slight chill, then burning heat, dyspnoea and very great pulsating pains in uterine region ending in very slight perspir.; from 11 p.m. till 12 next day complete apyrexia (after 13 days).
 1 General chilliness, so severe as to make teeth chatter which lasts three hours and does not go off although he lies down and covers himself, etc. (first day).
 1 Burning heat which causes shortness of breath and madness so that he cannot remain quiet in bed. This heat succeeds the chill of 3 hours.

felt rather drowsy, laid down early and slept well all night with his clothes on.
 Slept well every night during the whole time of proving.
 At about daylight undressed himself and went to sleep again.
 Had an erotic dream, with emission of semen.

will tend to purify the materia medica, as it would purify the faulty manner of applying the clinical test.

Let us now proceed to examine our charts in detail, bearing in mind that in the analysis and discussion of these details we have considered them in three aspects, or from three different points of view.

1. Numerically.
2. By comparison of the pathological congruity and concordance of symptoms (reading from left to right).
3. In regard to the pathological value of each symptom of each proving by itself and as compared with the others.

PART I. *CACTUS GRANDIFLORUS.*

CRITICAL ANALYSIS OF PROVINGS. BY C. W.

Numerical comparison.

Here we have placed side by side the results of nine provings of cactus by four different persons, or at least by three, as we do not know, except inferentially, that Rubini's proving was made by more than one person. Before analyzing each proving by itself, it will be well to make a general comparison from left to right, in the order of arrangement. Beginning with Rubini's proving, we find that he records nine mind-symptoms (remembering that it is not always possible to distinguish closely between head and mental disturbances).

Opposite to these nine mind-symptoms are provings two to six, inclusive (all by Hencke), which present nothing in the way of mind-symptoms. We are nowhere informed by whom or by what potency or preparation Rubini's symptoms were produced. But we know that seven and eight were accredited to the tincture, of which Dr. Fitch, the prover, took first from seven to twenty drops, and in the second proving one hundred and ninety-five drops, though it is not stated whether these were taken all at once or seriatim — this would, for obvious reasons, make a great deal of difference in the result.

Number nine, Dr. Burt, took from one hundred to six hundred drops of the third dilution (of cactus serpentaria); but he records no mental effects at all, which is strange.

So of nine or more provings, by four provers, only two furnish mental symptoms. Now, if Rubini and his provers took the tincture like Dr. Fitch, these alone are accredited with mental effects — while the dilutions from one to four were accredited with none.

But provings five and six, also of the tincture, record no mental effects.

When we compare the *head-symptoms*, following the columns from left to right, we find that all but provings two and eight recorded head-symptoms (from one to three each). Later on we will compare these symptoms as to their pathological value.

Passing over the symptoms of the eyes, ears, nose and mouth, which are very scanty, we come to the *gastric-symptoms*, where we find that Rubini records a long list of twenty-one gastric symptoms; besides that, number five (Hencke) has one; seven and eight (Fitch) record four.

Again we find that the tincture provings are slightly more prolific in effects, but the results are still so scanty that they are scarcely better than where no results were obtained. We cannot account for this discrepancy, because we are not informed in these cases, with but two exceptions (Fitch and Burt), concerning the dose taken by the provers; notwithstanding Rubini's extended list, we cannot judge from the number of symptoms alone, but must defer judgment till after a comparison of the pathological value of the recorded effects. The absence of any statement of the dose and its repetition is a fault, which, upon comparison of results, renders every proving useless.

Of *abdominal-symptoms*, Rubini records six, Lembke one after the tincture, and Burt three after an unknown quantity of the third dil; we are not informed in Allen's cyclopædia* whether of the decimal or centesimal scale, nor how much was taken at a time.

We should expect, from the perusal of Rubini's *chest-symptoms*, to find that a drug accredited with so great an influence on the chest should produce a marked effect on the respiratory organs and the heart; but unfortunately all but two provings have left Rubini to answer alone with his fourteen respiratory-symptoms; Hencke (representing two to five inclusive) records only three such symptoms, and Lembke two.

We are scarcely better informed concerning the value of the cactus-proving when we consider numerically the symptoms belonging to *the chest*, comprising chiefly painful sensations. Here Rubini records twelve, while Hencke (from dilutions one and three and from the tincture) records only three symptoms, and Lembke and Fitch (from the tincture) record but one symptom each. The great blank space to the right of Rubini's column contrasts in an unsatisfactory manner with the long list on the left.

It is the heading *heart and pulse* which from Rubini's records should lead us to expect very marked and coincident effects from all provers and provings. Rubini furnishes seven such symptoms,

* Nor in the original translation by Ad. Lippe. A. J. Tafel, Phila., 1865.

but they are, as we shall see, of an ominous character, and from their description, so dangerous and violent, that this is the region where cactus seems to develop its most distinctive and peculiar effects.

Strange to say, Hencke, from three grades of dilutions, has no effects to record; but he notes four symptoms from the tincture.

Lembke, who has hitherto only furnished six symptoms of any kind, records no less than twelve symptoms relating to the heart and pulse, while Fitch in his two provings (seven and eight) records five symptoms.

We must here call your attention to the principle expressed in our rules, that one prover will repeat most of his symptoms in each successive trial of a drug, so that these repetitions do not count as so many symptoms, but only as a peculiarity of that prover; we should, furthermore, bear in mind that we are not endeavoring to discover peculiarities of individuals, but effects of drugs *common to all provers*, before we can justly announce them as effects of the drug.

Following the columns further to the right, we find that Fitch, from considerable quantities of the tincture, has but one little insignificant notice, not properly to be called a symptom; while Burt records no heart and pulse effects at all.

Lastly, Rubini furnishes eleven symptoms relating to temperature and fever, while but one other prover, Lembke, furnishes only one symptom to be classified under that head.

COMPARISON OF PATHOLOGICAL VALUE.

In how far a proving like that of cactus is to be adjudged as valid for therapeutic uses, under the rule of similars, will appear more clearly from the comparison of symptoms with regard to their pathological agreement, and as to the kind of sensations produced in the different provings, reading them from left to right, or the other way.

Here we discover that in the *head-symptoms* the predominant pain is one of pressure, which occurs five times in Rubini's list; besides there is the usual kind of sensations, such as "emptiness," "pulsating," "tension," found in every proving. The first dilution records no sensation of any kind; the third, fourth, and fifth record "pressure"; the tincture is accredited with "pulsating" and "pressure," the latter by two provers, while Burt's 3d yields dull frontal and cerebellar pain.

In regard to *kind* of sensations recorded, there is noticeable a certain degree of resemblance in character which we might accredit to this drug, if it did not occur in most provings where numerous head-symptoms are recorded.

It also must be borne in mind that four provings were by one person who simply repeats himself, while the pulsating, jerking and pressure derived from the tincture (of numbers six, seven, eight) are not strongly congruous.

If we were fortunate in finding some agreement in the head-symptoms, we are less successful in establishing a good degree of harmony in the *gastric-symptoms*, of which Rubini has a long list; the first, third, and sixth dil. furnish none; the tincture, however, furnishes five symptoms by two different provers, whose agreement with Rubini consists in an appetite described as "better than usual," and in another instance in which Rubini's prover felt as if "a reptile were moving about in the interior," while Fitch felt "a sense of something disagreeable in the stomach."

These coincidences are too few and two figuratively expressed to prove a concordance of drug-effect. By taking into consideration the profusion and violence of Rubini's symptoms, we should expect at least half as many and as distinct on the part of the other provers; instead of this, we have a great vacant space.

The same remarks apply to the abdominal symptoms. Rubini notes a variety of very distressing, violent effects, chiefly painful constriction, borborygmi and heat of abdomen; in this he is seconded by Fitch and Burt; while provings two to six furnish no effect at all, so that there is not a majority of provings to prove the drug to be the agency giving rise to the recorded effects.

Where we encounter an array of vividly described violent effects of a drug as produced upon one person, we should reasonably expect the same result to be experienced by a number of others, but in this respect we fail to discover sufficient evidence of the effects of cactus in the sphere of the abdominal organs.

In the chapter of symptoms derived from the organs of the chest, heart, and lungs, Rubini records "oppression" and "constriction" in various degrees of intensity, such as "constriction as if from a cord tightly bound around the false ribs," or, "as if parts were compressed by iron pincers." In another case it feels so tightly bound that the patient cries "Leave me alone," etc.

Provings two, three and five (first, third, and tincture, Hencke) furnish one symptom each, chiefly pressure, pain and drawing; number six has stitches, seven (Fitch) has pain in axilla just for a moment.

As for the first three, they may hardly be construed as agreeing with Rubini's record, as none of these have constriction, which Rubini mentions seven or eight times.

On the other hand, Rubini's "sanguineous congestion," "pneumorrhagia every four to eight hours," "convulsive cough" and

"expectoration of two or three pounds of blood" are nowhere repeated by the other provers. If there is any congruity in the provings, it is in the lighter nondescript sensations above mentioned.

The heart-symptoms, like those of the other organs of the chest, are made very prominent by Rubini, and may be somewhat condensed as follows: Very acute pains in the heart cause him to weep and cry out loudly, with obstruction of respiration, constriction of heart, as if an iron band prevented its normal movements; the pulse, which is completely lost for many days in a man with chronic hypertrophy of heart, immediately returns after taking the medicine. Besides, there are pricking, also heavy, dull pains, nervous palpitation, etc.

Provings of first, third, sixth, by the other provers, furnish no symptoms at all. From the tincture, Hencke (number five) has five symptoms, all denoting increased action of the heart; while Lembke (number six) notes distinct heart affection, in the form of palpitation twelve times, which, however, are not twelve distinct symptoms, but simply as many allusions to the same effect.

Fitch, on the other hand, who proved the tincture very thoroughly, has an insignificant drawing sensation about the heart for a moment; while Burt, with large quantities of the 3d. dil., elicited no effects at all.

Of the symptoms of *disturbed sleep*, Rubini has delirium, talking nonsense in sleep, interrupted sleep and protracted sleeplessness.

The first, second, and third, as usual, record no effects, while the tincture produces effects analogous to Rubini, of disturbed sleep, while Fitch (seven and eight) felt well and refreshed in the morning, and slept well every night during whole of proving.

These effects are too incongruous to permit the conclusion of their being pure drug effects. We need more congruity to establish the claim of cactus, especially if a prover like Fitch states what he proved and when he proved it, instead of merely publishing an array of severe sensations, without telling the reader how and when he came by them. No one has a right to do so; if attempted, the reader should accept the statement with something more than great caution.

As you will see at a glance, the section embracing what purports to be the effect of cactus on the temperature and pulse, is a most unsatisfactory one. On the left, a long array of about eleven strongly marked pathological conditions, which are neither more nor less than well-defined cases of intermittent or malarial fever of the most pronounced type, while on the columns to the right there is a huge blank space, containing only one little symptom, which sinks into utter insignificance, if cactus can

produce effects like those noted by Rubini. Hencke experienced nothing from his dilutions, nor from the tincture. Lembke once only felt that his back and hands were cold, which was rapidly cured by some warm soup.

CONGRUITY AND CONCORDANCE.

In deciding upon the congruity or concordance of symptoms, we should distinguish between congruity in words and concordance in the meaning of words as used to describe symptoms.

For instance, in the symptoms of the mind, there is too little congruity, as far as words are concerned. Taciturn, melancholy, and semi-remorse may be construed as expressions of the same state of mind; numbers one and eight only had it, the other six had nothing of the kind.

In head-symptoms we find a perceptibly uniform degree of congruity in the verbal expression, chiefly of "pressure." No rule can be established regarding the parts affected.

If there is any congruity in relation to gastric effects, it is in regard to increased appetite, although only two provers record it; while the absence of marked effects in eight provings, of four provers, should cause us to pause in a very conservative spirit before drawing conclusions, as we have only a little congruity and not enough concordance.

As we are endeavoring to furnish you, not with a complete revision of the whole *materia medica*, but only with illustrations of the method of revision, we will not prolong this analysis further in detail, but sum up the whole briefly, to show what remains after separating that which in congruity and concordance may prove useful, from that which is superfluous verbiage, or altogether untrustworthy in this instance of cactus.

MIND.

Sadness, taciturnity, depression, or feeling of remorse.

HEAD.

The pains are chiefly those of pressure, which may occur in forehead, temples, occiput, and in the head generally.

STOMACH.

The only effects common to more than one prover are good appetite and emptiness of the stomach. (There is no parallel for any of the other violent paroxysms described by Rubini.)

ABDOMEN.

Here the concordance, rather than congruity, is expressed by borborygmus and (violent) pains in the bowels, described by others as soreness and distention, or cutting pain.

RESPIRATION.

We observe here a slight degree of concordance in difficult breathing and oppression, short breathing when walking and slight oppression when walking (the latter is the same symptom reiterated by the same prover).

CHEST.

Referring to the painful sensations in the chest ; pressing, drawing, stitches, left side, upper part. There is no distinct agreement, but most desultory and ambiguous statements.

HEART AND PULSE.

These furnish a reasonable amount of agreement, since these provers record very marked palpitation of the heart, especially on walking, also when lying on back.

SLEEP.

In regard to this function, there is not sufficient congruity or concordance to draw any inference.

TEMPERATURE AND FEVER.

As we have seen before, this is practically only recorded by one prover who claims all the effects, while four others, in every respect reliable and thorough provers, could obtain no noticeable effects. This is all the more remarkable in the case of Lembke, who, notwithstanding his numerous reiterations of increased heart action, has only one little insignificant remark relating to change of temperature.

EXAMINATION OF INDIVIDUAL PROVINGS.

In this very interesting study, we find that Rubini furnishes more than ten symptoms, where the others each furnish about one. Rubini's records are marked by a profusion of emphatic expressions, apparently denoting extremely violent effects ; such as violent pain in the head ; very troublesome pulsations in the coeliac artery ; great appetite, or complete loss of appetite ; *copious vomiting of blood* ; severe *gastro-enteritis* cured in five days. A very annoying movement in cardiac region, as if a *reptile* were moving about in the interior ; distressing sensation in the bowels, as if a *serpent* were turning around here and there ; violent pains in bowels, *almost causing him to faint*. Periodical attacks of suffocation with *fainting*, as if chest were constricted with an *iron band* ; *chronic* oppression of breathing ; bronchitis *speedily cured* ; chronic bronchitis, hæmoptysis, which soon ceases. Constriction described as bound with a *cord*, or as if *compressed by iron pincers* ; *pneumorrhagia* renewed every four to eight hours ; *expectoration of two to three pounds of blood* ; pains in the chest and heart, so violent as to cause patients to cry out loudly. A

pulse lost for many days in a man affected with *chronic hypertrophy of heart returns immediately after taking the medicine.*

The so-called *fever-symptoms* even outdo the heart-symptoms ; for, if we allowed our credulity free scope, we should believe that Rubini produced upon his provers actual intermittent fevers of the most marked types. To save your valuable time and space in the transactions, we will not copy more.

The faults, to use a mild term, of this so-called proving, extolled by certain parties as a masterpiece, are, entire absence of names of provers, or of any direct statement of the origin of provings.

No one can lay claim to be a man of science, who expects others to accept bold assertions, without evidence of their truth or their actual source. We do not know whether Rubini tried the medicine himself, or whether he gave it to others to try. He simply asserts that it produces all the violent effects he chose to record.*

When we examine these exaggerated statements more closely, we find various direct allusions to patients from whom the record was obtained, and various indirect statements clearly pointing to the cases of disease from which the symptoms came. The vomiting of blood, the pulmonary hemorrhage, etc., are instances of the direct as well as indirect evidence of the source of the record. "Bronchitis speedily cured," hæmoptysis which soon ceases," "chronic bronchitis," all point to the clinical origin of these symptoms ; and when we read, "at one P.M. a slight chill, then burning heat, very great dyspnœa, pulsating pains in uterine region, ending in very slight perspiration," and so on, describing case after case of fever of various types, the reader can come to only one conclusion : that Rubini did not follow the simple

* The additional notes given by Dr. Hughes, in the Appendix to Vol. I., *Cyclopædia of Drug Pathogenesis*, Part IV., p. 749, rather confirm than disarm my opinion regarding the value of Dr. Rubini's provings. These, like all provings-records, are strong expressions of the temperament of provers. I will add here, that in 1872 I had given me by the late Dr. C. M. Weld an ounce of tincture of cactus, obtained directly from Dr. Rubini at Naples; it was the same which was used in his provings. I began by taking one-drop doses, and gradually increased to sixty drops three times a day. When the dose reached twenty drops I felt a not disagreeable glow of the face, and an increase of the heart's action and pulse, which rose from seventy-five to eighty-five. This gave me some uneasiness of mind, as I expected to have pulmonary and gastric hemorrhage, and feeling of a serpent in the abdomen. These, however, did not appear, and the whole passed off in twenty minutes. Nor did any other symptoms appear, after taking sixty-drop doses, but the flush and increased heart's action. In a few days I applied the simple counter-test of testing pure alcohol, in the same way as I did cactus-tincture, and this was followed by precisely the same result. Hence I concluded that, as far as my susceptibilities were concerned, cactus was inert. In April, 1874, a class of eight provers, both men and women, proved cactus, both in tincture and dilutions; but their records, which I carefully preserve, were so discordant, that, largely in view of my personal experience, I did not publish them, but will reserve them as an excellent set of records for critical analysis and comparison.

rule of proving medicine upon the healthy, and of keeping an accurate record, but he followed the example set him by certain high authorities, of drawing liberally upon his patients for symptoms. And furthermore, one cannot avoid the conviction that the author of those long and sensational symptom-lists simply had the intention of being the discoverer of a new remedy. Cactus being selected for that purpose, he simply administered it to all his patients, and wrote down whatever they reported. Violent hemorrhages from the stomach or lungs do not come from such provings as one would dare to make upon himself; neither do clearly pronounced fevers, or affections of the heart; so that Rubini either took these symptoms from the sick, who had been supplied with samples of the new medicine, or he gave them doses which were powerful and dangerous.

On the other hand, we have a number of provers whose testimony is on its face most trustworthy; and these four honest provers together scarcely produce as many symptoms as Rubini claims to have obtained in any single section of the body. There is too great a discrepancy in this respect, which throws the whole of the cactus-proving into discredit, and determines its utter uselessness and unreliability.

If this is not enough, it will be well to consider the individual value of the symptoms of some of the other provers. If Rubini records very violent and sensational effects, Hencke (who exhibits only two symptoms in proving number one) records "*slight* oppression of breathing when walking," or walking *up-stairs*; Lembke finds it very agreeable to breathe fresh air; and Fitch, who furnishes a few symptoms, has only sensations so slight as to be scarcely noticeable; "for a *moment* at night, pain in the nerves from left axilla to pectoral region," or "for a *moment*, just before going to his room, *slight drawing* sensation in the region of the heart"; but we are comforted to learn in the next "symptom" that he "awoke feeling splendidly." Again, the same prover records the startling fact that one evening he "felt rather drowsy, laid down early, and went to sleep *with his clothes on*; at about daylight he *undressed* himself, and went to bed again." The contrast between these records and Rubini's delirious nights, coma vigil and constantly interrupted sleep, demonstrate, as clearly as any proving can, that Rubini's symptoms were largely taken from diseased persons, while most of those recorded by the other provers were no symptoms at all, but merely such sensations as every one is liable to have in perfect health.

PART II. *HYOSCYAMUS NIGER.**Critical Analysis of its Proving.*

WHEN you glance at this large map of arranged symptoms of hyoscyamus, you will recognize an apparent similarity to the arrangement of cactus, yet there is a difference, on closer examination.

Here we have four good provers of the tincture, two provers of the extract, one prover of the juice (which is analagous to that of the extract), and two provers of the fifteenth dilution. These were selected from Allen's encyclopædia from ninety-six records comprising voluntary provings, poisonings, and narrative statements. The nine provings selected above are sufficient to stand as examples of the effects of various preparations used in proving. One proving would prove nothing conclusively, but nine should furnish an excellent view of what a drug like hyoscyamus can do. Not that transcribing and arranging the entire records of ninety-six provers would be a thankless task, but your committee, though elated with the honor conferred upon it by your confidence, if undertaking the task of transcribing and arranging, would soon realize the truth of the saying *ars longa, vita brevis*.

Any one who will take the slight trouble to read through the whole of the hyoscyamus proving, will find that all that is said by the others is contained, with a good degree of accuracy, in the nine samples selected by us.

Having used much space and time in analyzing cactus, we are enabled to pass over the analysis of hyoscyamus more rapidly.

Glancing from left to right, you will find that more columns are filled with symptoms than was the case with cactus. From three to seven of the nine, as you observe, generally record an effect; and the relation of covered and uncovered spaces furnishes a rough outline of the value of provings. The greatest number of symptoms are recorded by one, four, and eight, being provings of three to fifty drops of the tincture, of the extract one quarter to twelve and three-quarters grains, and of the fifteenth dilution. But numbers of symptoms by themselves are not a sufficient evidence of the power of a substance to affect the human system. The corroborating evidence lies in the *agreement of the symptoms recorded by different provers*. Thus one prover may have noted *e. g.* "pressure in the forehead" five times, and another only twice, a third only once. We should be inclined to accept the evidence of the lesser number of quotations as corroborating the greater number, especially as the greater number is, after all, only a reiteration of the same thing over again, every time the note-book was taken up by the prover.

We do not care for numbers so much as for agreement, that is, congruity and concordance.

Turning now at once to this part of the proving, we find very fair agreement.

In the mind-symptoms we find a common repetition of heaviness, confusion, vertigo, which, if resulting from the dilution alone, would certainly be of less value than if derived from the tincture or the extract alone, especially as these were taken in doses of known efficacy.

Among the head-symptoms, we observe throbbing, heaviness, and the concordant rush of blood to head, while the forehead is mainly affected; again, we are glad to see provers one, two, and four supported by the proving of the fifteenth dilution, with the same restrictions, however, as above.

Two provers of the tincture, and one of the extract, record eye-symptoms, while five to nine record no eye-symptoms. Number one records injected conjunctivæ, pressure in eye-balls, contracted pupil, and once distorted pupil, weakness of vision for distance. In the latter he is supported by the other provers (three and four), but number four records dilated pupil.

The throat-symptoms, though represented by two provers only, are significant; violent sticking, scraping, and dryness.

Those of the mouth and stomach are very marked among the tincture and extract-provers (excepting number six). Nauseous taste, oppression and gnawing, the white-coated tongue, heaviness of tongue, dryness of the mouth, are recorded by the assiduous prover of the extract, while the dilutions yield nothing of conclusive nature.

The group of *abdominal* effects of hyoscyamus is as decided as those of the mouth and stomach. These, we find, recorded flatus, and griping from flatus, described by two others as sticking and cutting; five, six, and seven fail to record anything pertaining to this region, while the prover of the fifteenth (eight) corroborates the former provers.

In regard to the function of sleep, we find very strong corroboration of all provers of each other. Either overpowering sleepiness, somnolency, and yawning, or restless, interrupted sleep, with labored, anxious dreams; these symptoms are furnished by two provers of the tincture, two of extract, and the prover of the juice, while the provers of the dilution (eight and nine) do their best to be concordant.

The circulation and respiration are affected. While not congruent, there is concordance. Thus number one records feeling of heat in the loins; herein he is seconded by number two.

Number four has heat in the face, to be compared with the chilliness in loins and spine of number one. This, if not con-

gruent in language, is pathologically concordant, especially as number one records heat of spine as well as chilliness.

The symptoms of the nose, cheek, urinary organs, though scattering, are noticeably concordant.

Those of the stool are chiefly prevalent desire or tenesmus (heaviness or urging).

When comparing results with a view to determining the value of preparations and doses used, there is to be noticed a numerical result in favor of tinctures and extracts ; but we must remember that to four of these we had only two provings of dilutions to compare, among the ninety-six records. It is very possible that if provings of the dilutions had been attempted, we might have had much greater numbers of symptoms, though perhaps of little or no consequence and pathological concordance.

As above remarked, no proving should be judged by the number of symptoms the prover records, even if such symptoms are alike. There are loquacious provers, as there are loquacious patients. One uses many words to say the same thing which another expresses in very few words. Another fills page after page with incongruous, discordant sensations ; hence you have the long lists on one side, with apparently empty spaces intervening ; but many of these apparently empty spaces are occupied by a minute white strip of paper, containing "one symptom" in a few words, which one may be superior in value to the long list next to it, provided they agree in pathological significance.

If, on the other hand, neither long lists of iteration nor epigrammatic expressions agree, whether recorded by provers of extracts or of the dilutions, they are valueless. Considered in the light of verbal congruence and pathological concordance, none need fear that partiality will be shown to any method of proving, or any preparation used ; especially if we compare provings of tincture with tincture, dilution with dilution, and dose with dose.

Thus, no mistake will be incurred, to the detriment of physician or patients. If, for instance, one proving of an appreciable quantity of a substance agrees with three provings of a higher dilution, or *vice versa* ; if one proving of a higher dilution should be congruent and concordant with three or four agreeing provings of a tincture, let it go with the record, by all means, provided the principle of agreement is well maintained.

Now, as for the pathological value of the individual provings, we shall find that the symptoms derived from the tincture and extract are not only concordant, but expressive, without being sensational, or indicating undue violence, like some of those of cactus. They bear the character of being derived from some

CF CRITICAL ANALYSIS OF

	5. TINCT. 15-20 drops.	6. EXTRACT. 3 grs. (paralytic.) 58 Busy delirium, constant muttering or talking	7. SUCCUS. 3 ounces.	8. Dil. 15th.	9. Dil. 15th. 53 Confusion of head increased in open air, with
BARB					
MIN					53 Pulse fuller than usual.
SLIM					
HN				55 Inclination to stretch limbs.	
AV				55 Feeling of tight- ness in præcord. region, causing deep inspir. with relief. 55 Feeling of sore- ness in region of heart beneath and left of nipple, alternating with stitches. 59 Momentary stitches in reg. of heart, causing deep respiration to yawning.	
	54 Urging to urinate.			66 Great sexual desire during the day. 66 Unusually great sexual desire preceded by long-continued indifference. 66 Frequent mic- tur. at night. 66 Urine more pro- fuse and lighter.	
				66 Heaviness of rec- tum, as if it should be evac- uated. 66 Urging to stool with pas. of flatus.	

THE VITAMIN D DEFICIENCY

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intelligible pathological state ; that here and there mere sensations should be mingled with them, is but natural ; if we suspect them to be such, let us omit them. This is always safe, while their retention is confusing.

But when we come to proving number four, we find such expression as busy delirium, constant muttering, catching at surrounding objects, complete insomnia for forty-eight hours. Fortunately we find nothing comparable in the other columns, and are authorized to reject these records on their own evidence, even if they had not, as is stated, been derived from a *paralytic*.

Such of the symptoms of the provers of dilutions (eight and nine) as agree with the preceding, are to be accepted with them, while such expressions as slight tension and warmth in forehead, want of consciousness on awaking, yawning, provoked by reading aloud, dreams at night, inclination to stretch the limbs, etc., are both insignificant and nonconcordant. They lack precision, because they are common-place sensations, belonging to that class which Hahnemann says everybody has. What we desire to preserve is what Hahnemann designates as peculiar and characteristic, that which distinguishes one drug effect from another, not what is common to all cases of sickness, or drug effect.

At this point we would call your attention to the great difficulties we have experienced in this first part of our study. Desirous of furnishing you with samples of faulty provings, it was our intention of exhibiting, at the same time, some more perfect provings, by way of contrast ; having completed the first part of what proved to be a very laborious task, we had not time enough at our disposal to prepare charts and demonstrations of the more reliable subjects of our *materia medica*. Had we been able to produce them, we would have selected, perhaps, belladonna, nuxvomica, Peruvian bark, etc., as examples of well-known drugs. Had we perfected our charts of them, you would have seen well-filled spaces, and you would, almost at a glance, have seen the great, if not perfect, congruence and concordance of well-established proving. This work we reserve for another occasion, when we shall have had more practice in the application of our adopted method, and when others shall have learned how to use it, and to render valuable assistance in demonstrating its value.

(To be concluded.)

C. W.

COCAINE AS AN ANTIDOTE TO STRYCHNINE. — Bignon (*Ginio Méd. quir.*; *Gas. hebdom. de Méd. et de Chir.*) finds, as the result of experiments on dogs, that hypodermic injections of cocaine, kept up until the strychnine has been eliminated, prevent a fatal result in cases where the dose of strychnine administered is not excessive, and retard it when large doses are used. — *New-York Medical Journal*; *American Practitioner and News*.

A CASE OF MELANCHOLIA.

BY GEO. S. ADAMS, M.D., WESTBOROUGH, MASS.

[Read before the Mass. Homœopathic Medical Society.]

THIS patient was admitted to the Westborough Insane Hospital the last of July, 1887. She was of American birth and parentage; was fifty-eight years of age, and had passed the menopause at the age of fifty-three. She was married, and the mother of three children, with only one now living.

Loss of property the previous winter was the supposed cause of the mental disturbance. About three months before her admission, she became very depressed, and sought medical advice, changing from one physician to another, till she came to the hospital. Her physical condition on admission was poor; weight one hundred and three pounds; muscles flabby, and skin dry. The pupil of the left eye was smaller than the other, and oval in shape. Appetite was very poor, and bowels were constipated. A careful examination of the urine showed neither albumen nor sugar.

She was very restless, and mentally was depressed and weak, and despaired of recovery. Was sleepless; and said she had slept none for weeks. She talked most of the great wrong she had done, and the disgrace she had caused to herself and her family.

She was given *Ign. 2x.* every two hours, and was sent to bed for the treatment by rest. After a week in bed, her sleep improved, and she had a better appetite, but instead of mental improvement, her delusions became stronger; she was more restless; and was with difficulty persuaded to remain in bed. The improvement in her appetite did not continue very long, and in about a month after admission she began to resist doing anything she was desired to do. If lying down, she would oppose getting up; if out of bed, she would object to lying down. She refused to eat, and actually took only enough food to avoid forced feeding.

About this time her husband visited her, and she became very much excited, and implored him to leave her at once, as he would be with her forever lost.

Early in September she became filthy in her habits. This was partly due to her mental condition, but also, no doubt, in part to weakness.

She continued to resist all that was done for her, she lost flesh, and in spite of carefully selected remedies, became weaker in mind and body; refused to speak or to eat; lost the use of her lower limbs, and all control over the sphincters.

So extreme was her debility at this time, that not only were

her evacuations involuntary, but any change in position, even when turning in bed, would cause a movement from the bowels. At this time she had reached a very critical condition, and there was a probability of a fatal termination.

She was now fed regularly, three times a day, by the nasal tube. Her food was a rich liquid consisting of milk, or milk, eggs, and sugar, or bovine, and sometimes beef-tea. Of this she was fed one and a half pints each meal, amounting to over two quarts per day. At this time *Phos.* was prescribed.

Early in October her mental condition began to improve, her belief in her delusions was not as strong; she would answer questions, and was physically a little stronger. She continued to gain during the four weeks of forced feeding, and then began to eat of her own accord, and expressed a desire to get well.

By the last of October she was strong enough to stand on her feet, and was sitting up a little each day. By the middle of November she had gained full control over both sphincters; was able to walk a little, and was sitting up a little longer each day.

Later there was some ascites and loss of appetite, but *Apis 1x.* every two hours, removed it in two weeks, and from that time improvement, though slow, was steady. She became apparently free from delusions; was cheerful, and imparted some of her helpfulness to the other patients.

The medicines given during her illness were *Ignatia*, *Phosphorus*, *Phos. acid*, *China*, *Nux vomica* and *Apis mel.* During the period of extreme helplessness the medicine that was of most benefit was *Phosphorus*.

She was discharged in February, 1888. Her insanity was cured, her bodily health was good, her strength had returned, and she appeared to be thoroughly recovered.

DIAGNOSIS AND TREATMENT OF A CASE OF LACERATED CERVIX UTERI.

BY A. J. FRENCH, M.D., LAWRENCE, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

I do not report this case because it is an extraordinary one, but because it is an *ordinary one*, and hence its importance. One cause of laceration of the cervix uteri, if not the chief one, is, in my opinion, the forcing of labor. In these busy days of the practitioner, the temptation is to urge on labor, not so much for the benefit of the patient as for the physician. Forcing treatment, such as the use of ergot, too early rupture of the membranes, and the resort to forceps before the os becomes

fully dilated,—any means used to hasten delivery, is fraught with danger of tearing the os. The rupture may happen at any point of the rim; may be single, double, oblique, or transverse. Unless looked for, it is not discovered at the time of labor, and if it is single, and vertical, may heal by first intention, without treatment; but if the laceration is deep and extensive, then if not attended to at the time, serious consequences are likely to follow. Involution is retarded, and not infrequently we have, as a sequence, chronic sub-involution, and are not always aware of the cause; the uterus becomes enlarged, congested, and from its weight and size, becomes displaced, and general neurosis follows.

The diagnosis of such lacerations is not so easy a matter as at first might be supposed. I think there are more mistaken diagnoses in these cases than in any other lesion of the body. They are often mistaken for cancer, more frequently for granular erosion and ulceration of the os. The physician is fortunate who has not made the mistake, or who is not now treating a case of lacerated cervix for granular erosion, or ulceration of the os. That this lesion is frequent, and an important factor in producing uterine disorders, I have only to refer to a few distinguished gynecologists.

Dr. Mundé, who has written an excellent paper upon the subject, states that seventeen per cent of all women applying to him for treatment exhibit laceration of the cervix; another gynecologist places it as high as forty per cent. Dr. Goodell thinks one in every six cases of women suffering from uterine troubles, has an ununited laceration of the cervix, and states that he operated for this lesion eighteen times within twelve months. He also believes that epithelial cancer of the cervix may start from a constantly chafed lacerated surface.

I suggest, when we have an obstinate case of erosion of the cervix, secreting a ropy, tenacious mucous, bleeding easily upon the slightest touch, one which improves by rest, but relapses with exercise, and is accompanied with neuroses that arise from uterine disturbances, that a thorough examination be made,—first, digital, then with a bibalve speculum, and we shall probably find an old lacerated cervix as the cause.

Mrs. A. is a typical case, and I think represents a large class of suffering women today. Age thirty-six, above the medium size, well developed, ruddy countenance, and general appearance healthy. She called upon me last November, giving me the following history of her case: Always enjoyed excellent health until she was delivered of a still-born child, eight years before. Her labor was very hard; took ether, and was delivered with instruments; was very slow in her recovery. Should judge, from

her statement, that sub-involution followed. Said she has not been well during all these years; had consulted two prominent physicians, and been treated by them for a long time; one of them in a country town in New Hampshire, the other in one of the cities of this state; one of the old school, and one of the new. Was treated by both of them for "ulceration of the womb," as she termed it. Hot water injections were used. Caustics of every description were locally applied. Treatment continued several months by both physicians, and she all the time gradually growing worse, until she became a confirmed invalid. She complained of great distress in her stomach, every kind of food disagreeing with her; vomiting frequently after meals. Severe headache, backache, and, in fact, all the reflex symptoms that accompany uterine troubles. She was, indeed, about as miserable as she could be. Her life, she said, was a burden. This, in short, was her history, and I give it as a representative case. Of course it was easy to see that there was uterine disturbance of some sort. I made first a digital examination; found the os very much swollen, enlarged, and somewhat indurated — as large as a silver dollar — lips averted, but with some difficulty I detected a large laceration of the cervix on one side, but upon using the bivalve speculum, a bilateral laceration was diagnosed, deep and extending to the walls of the vagina. I at once suggested that she go to Murdock's Free Surgical Hospital for Women, for an operation, and that some time would be required before she would be in a condition for surgical treatment. She at once consented, and was put under the care of Dr. Packard, who three weeks after performed the operation for bilateral laceration of the cervix. The os was so large, from long congestion, that before paring the edges of the laceration, it was necessary to remove two large pieces of tissue, wedge shaped. The laceration was found extensive, requiring some sixteen stitches. The patient made a slow, but good recovery, and in three weeks returned to her home, as she expressed herself, a new woman. Eight months after the operation she wrote me that she was a well woman, and quite able to attend to household duties.

GASTRALGIA: THREE CASES FROM PRACTICE.

BY N. W. RAND, MONSON, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

It is not the object of this paper to discuss the generally known and accepted facts concerning the history, symptoms, and treatment of gastralgia; for these can be obtained from many books penned by able writers. I simply wish to show

the society what were the main symptoms in the three cases mentioned in the title, and the treatment employed. Then, if others can show better results from different modes of treatment, I shall be cordially glad to hear and learn.

CASE I. — Several years ago, in the month of April, I was called upon by Mr. W. in regard to his wife. He said she had, for several weeks, been having terrible attacks of pain in her stomach, usually at intervals of three or four days. These attacks of late had been growing worse, and nothing seemed to do her any good; said she had "tried everything," but saw no benefit, and he had no idea that I could do any good — didn't think any one could.

Their family physician said that all that could be done for her was to give morphine enough to control the attacks when they came on, but of late she had been unable to bear this on her stomach, and so it had failed to afford much relief.

Such was his unfavorable description of the case, and he wished me to see her at once, as he thought she could not live long.

I found the woman on the bed, curled up in an irregular semi-circle. Every breath was a groan, and as the paroxysms of pain came on, she would scream out loud enough to be heard distinctly on the street. The stomach was very sensitive to pressure, she could not even tolerate the weight of her clothes, and at times felt nauseated; which two facts brought gastritis immediately to mind.

At this time she was nursing a child about six months old, and said she had had some slight trouble of the same kind when nursing her other children, but nothing compared with this. As she complained of burning heat in the stomach, with dry mouth and constant thirst, I thought of course *ars.* was just what she needed, and that a few doses would put matters right. I administered the 2d dec. dilution, and hopefully awaited results. No improvement! What could it mean? Hadn't I given it according to the indications laid down by Hering, and Lippe, and Allen, and Burt, and Wesselhoeft, and Smith? Some mistake somewhere, I thought, but something must be speedily done to afford relief; so I called for hot cloths, sprinkled them over with chloroform, and applied them closely over the scrobiculus cordis. It eased her for a time, and I followed it up with the sulphate of morphia till she was quieted. I left her, with directions to have the *ars.* given every hour. The next day she felt better, and *ars.* was continued, in alternation with ignatia, hourly. I left enough of these medicines to last her three or four days, and told them to call me, if I were needed at any time. I heard no more from my patient for twelve days; at that time I was summoned in great

haste. The messenger said she was having the worst attack she ever had had; and indeed I found it so. Agony is the only word which expresses her condition. She could not lie down, sit down, nor stand up. She stood bent over, resting her shoulders upon her daughter. Her expression of countenance simply defies description. Cold sweat stood on her forehead. Her eyes fairly protruded, and such a distressingly pleading look I never saw. I gave her chloroform, by inhalation, until she was quieted, and kept her under its influence, giving a little at a time, as the pain began to return, for some two hours. She then had *nux vom.* 2d, a powder, every four hours. She had no further attacks, and began to improve from that time. After a short time the medicine was given only three times a day, and then at still longer intervals. Her diet was largely composed of milk. For several days after this severe attack she took no food or drink except milk and water, in equal parts. Either alone would give her pain. On the seventh day of June, she was discharged cured, to the great satisfaction of all concerned.

CASE II. — Jennie S., about ten years of age, for several months had had terrible paroxysms of pain in the stomach, following which attacks the stomach would be extremely tender to the touch; at times was troubled with nausea, and everything she ate gave her distress. She had a great dread of a doctor and medicine, notwithstanding she had had the most strictly orthodox of the old school to attend her.

My prescription was *nux vom.* 1st, and *ipecac.* 1st. Heard from her next in about a month. She was very much better; had used up all her medicine, and the trouble was beginning to return. Sent more *nux vom.* and patient has been all right ever since, so far as I know.

CASE III. — Mrs. D., a widow about sixty, called me in haste on the 11th of May. Being absent, my call was delayed until she had recovered from her paroxysm of pain, which she told me was caused by eating a little potato and meat. Said she had had such attacks every week or two, and that they were terrible. She was inclined toward constipation. Her attending physician had exhausted his materia medica in futile efforts to give her relief. At last he had settled down upon lactopeptine as the best thing he knew of, and refused to make any change, although every dose gave her distress, and caused much burning in the stomach.

My prescription was *nux vom.* 2d, a powder half an hour before each meal, and a *small* powder, composed of equal parts of lactopeptine and *sac. lac.* directly after. I saw this patient once a week for six weeks, and she had *ignatia*, *arsenicum*, and *ingluvin* at different times.

Rye mush or bread suited her stomach better than any other

articles of food, and kept her bowels in good order. So far as I know, she hasn't had another attack of gastralgia since the day I was first called.

I have, by the way, used the rye in several cases of dyspepsia and constipation since, with invariable success.

OBSERVATIONS ON HYDROPHOBIA AND PASTEUR'S METHOD OF TREATMENT.

BY DR. ODO BUJWALD, OF WARSAW.

[Translated from the "*Centralblatt fuer Bacteriologie und Parasitenkunde*," by F. Pritchard and Albert Pick, Boston.]

HAVING been engaged two years in the study of hydrophobia, I have arrived at a few results which I desire here to recapitulate.

Of extreme interest are the scientific and practical facts published by Pasteur, against which from many sides, even from professional men, not less important objections are brought forward. I have at first sought whether the central nervous system is really the seat of the poison; further, in what manner the dissemination is facilitated or prevented; still further, whether Pasteur's method of protective inoculation is really of such importance, and if so great practical results are actually attained; and finally, whether it is possible to distinguish and cultivate anything microscopically and bacteriologically. Meanwhile I briefly sum up my conclusions in the following paragraphs:—

1. The chief seat of the poison is in the nervous system, brain, and spinal cord. The poison is also to be found in smaller amounts in the salivary glands (submaxillary and sublingual in man). In one case, in a rabbit, the poison was found in the blood a short time before death (this was confirmed by trepanning and injection of the blood under the dura-mater of the rabbit).

2. Other organs, muscles, blood, etc., do not contain a trace of the virus.

3. By means of trepanning, carefully performed under aseptic precautions, with subsequent injection of the triturated brain or spinal cord substance under the dura mater, one can easily, and with certainty, convince himself whether the disease in question is hydrophobia or something else.

4. From the common form of hydrophobia, rabbits always die within fifteen to twenty days, according to the quantity of the virus injected. The examination post-mortem is not conclusive.

If the virus be injected under the skin of the body, only fifty per cent of the animals are attacked; but a still larger per cent, if the injections be made under the skin of the head. The period of incubation lasts from one to two months.

5. Only exceptionally the animals are not attacked after injection by means of trepanning. This only occurs in .5 per cent of the cases, and only then when most of the injected fluid flows out of the opening.

6. If the virus be contaminated with other infective materials, the animals are attacked and die more quickly (from one to three days) in consequence of septicaemia. The symptoms of an acute encephalo-myelo-meningitis appear.

7. The brain and spinal cord substance after injection retain their virulence for some time. At a temperature of 0° C. it may remain from twenty to thirty days; but the higher the temperature the shorter the time it remains. At from 15 to 20° C. the spinal cord loses its virulence entirely in from ten to twelve days, it becoming entirely dry; this decrease of virulence appears already in the first few days very distinctly. Small particles, spread in thin layers and dried in the air, lose their virulence even after twenty-four hours. This same substance may, at 0° C., lie for a long time in glycerine (from four to five months), without losing its virulence.

8. If one inoculates the brain-substance of a dog suffering from hydrophobia, the virus having been transmitted from rabbit to rabbit (by means of trepanning), the period of incubation becomes already shorter in the twentieth generation; after the thirtieth generation a few rabbits die in from ten to eleven days (instead of in fifteen days, as in the first generation). I have up to now continued the inoculation through fifty generations, which I still continue. (In a few rabbits now the disease only lasts three days.)

9. The virus prepared by Pasteur, the so-called *virus fixe*, has an incubation period of from nine to ten days; but according to the size and race of the rabbit, and the quantity of the injected fluid (brain-substance rubbed up in water), the period of incubation may be shortened or prolonged from one to two days; but never is it prolonged, as Frisch believed, from three to five or more than twelve days.

10. If we have injected at first into the animal (a rabbit, cat, or dog), the dried spinal cord rubbed up in water, which cord-substance has dried during twelve, then eleven, ten, nine, eight, six, etc., days, then the fresh substance may be several times injected without producing hydrophobia; but if we afterwards inject the virus under the dura-mater, only a small number of the animals survive (from ten to twenty per cent).

11. If one at first injects some of the fresh brain-substance (of a mad dog) under the skin in order to accustom the organism of the animal to its presence, the animals survive in many cases; but after trepanning only a few of the rabbits live (not more than ten per cent).

12. Pasteur's method of treatment is not dangerous for rabbits, dogs nor cats (of forty animals not one died). The same holds good for the so-called more intensive treatment (*traitement intensif*), which consists of injections, repeated from two to three times daily, in which the fresh substance, or that which has been dried from one to two days, is employed.

13. In persons bitten, Pasteur's method of treatment gives a diminution of the mortality of from 1.5 per cent to two per cent (in four hundred and sixty cases observed). There are a few cases of persons bitten in the face by mad dogs and wolves, who owe their lives exclusively to the Pasteur method of treatment. Later on I shall make a more complete report of these cases.

14. All microscopic investigations and attempts at culture have, in my hands, failed, up to date.

GLEANINGS AND TRANSLATIONS.

NEW CURE FOR CONSUMPTION. — "Tuberculosis, if it be not too far advanced, is curable by this method." Such is the very satisfactory conclusion of Dr. Herard, the chairman of the committee which, fifteen months ago, was requested by the French Academy of Medicine to experiment with and report upon Dr. Garcin's theory that consumption may be completely arrested by the inhalation of the vapor of hydrofluoric acid. In the last fifteen months Dr. Herard and his colleagues have treated one hundred consumptive patients on Dr. Garcin's principles. They have entirely cured thirty-five; they have improved the condition of forty-one; the state of fourteen has not altered either for better or for worse, and ten have died; and some of the cases, be it noted, were very bad to begin with. This is exceedingly good news. Dr. Garcin was led to suspect that the vapor of hydrofluoric acid might be a specific for consumption, by his observations in glass-manufactories. Glass-grinders are particularly prone to tuberculosis. Not so with glass-etchers, who work with the acid, and whose rooms are always full of its vapor. It is the custom, too, in many French glass-manufactories, for workmen who have injured their lungs by stooping over the grinding machinery, to obtain permission to work for a

time in the etching-room ; and it is found that the new atmosphere always benefits and often wholly cures them. — *Pacific Record ; Phys. and Surg. Invest.*

THE INFLUENCE OF WATER ON OBESITY. — Dr. Lorenzen, of Erlangen, has been discussing the influence of liquids on obesity. The first experiment was made on himself. For a period of nine years he drank a large quantity of Erlangen beer daily. During four years of the period the daily quantity consumed amounted to ten litres, or two gallons one and one-half pints, or about twenty-two pounds' weight ; during the remainder of the period, the quantity ranged from five to seven litres, in addition to one litre of wine. In this way he succeeded in increasing his body weight by seventy-eight pounds, and the usual unpleasantnesses of obesity made their appearance. On shutting off the liquid, his weight fell fourteen pounds in seven days. If, however, more water was taken, but without alcohol, the weight increased again. Within five weeks he reduced himself to the extent of twenty-three pounds ; the chest measurement diminished by seven centimetres, and that of the abdomen by thirteen centimetres, and the difficulties attending respiration disappeared. Similar experiments carried out on colleagues, who were likewise heavy weights, had similar results. The disappearance of fat, on withholding fluids, he endeavors to explain on the hypothesis that the cells whose province it is to decompose albumen when a large quantity of fluid is taken, now expend part of their energy in the combustion of fat. The fat they consume is replaced by fat from the tissues. — *Med. Press ; Maryland Med. Jour.*

THE INFLUENCE OF TEMPERATURE ON THE CONVULSIONS PRODUCED BY COCAINE. — At the meeting of the Académie des Sciences, MM. Langlois and Richet (*Le Progrès Médical*, June 16, 1888) announced that the higher the temperature of an animal, the smaller the dose of cocaine necessary to produce convulsions. On the other hand, moreover, while this elevation of body-temperature is an adjuvant cause to the production of convulsions, the cocaine itself produces an increase in body-temperature before the convulsions are produced. When finally the convulsions appear, the temperature is still higher elevated, and this again increases the violence of the convulsions. When such a state of affairs is reached, the authors find that the only way in which the life of the animal may be saved, is by cooling it, and they infer that a similar state of affairs exists in the case of many diseases where auto-intoxication plays so important a rôle. The febrile temperature increases the sensibility of the

organs to poisons, and the poisoning of the organism is in itself a cause of the elevation of the temperature.

It would therefore appear, according to them, that active artificial cooling should be a method which is generally apt to diminish the effects of poisonous convulsive agents. — *Therapeutic Gazette*.

SOCIETIES.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-third annual meeting of the Worcester County Homœopathic Society was called to order by the Secretary on Nov. 14, at 10.45 A.M., and in the absence of the president and vice-president, Dr. Barton was called to the chair *pro tem*.

After the reading of the minutes of the last meeting by the Secretary, and the Treasurer's Annual Report, the Society consumed the forenoon in executive session. The work of the committee, who had in charge the revision of the Constitution and By-Laws, was considered. With several amendments, the work was adopted as a whole. The Secretary was authorized to have two hundred copies printed.

The election of officers for the ensuing year resulted as follows:—

President: DR. E. L. MELLUS, of Worcester.

First Vice-President: DR. J. P. RAND, of Worcester.

Second Vice-President: DR. G. F. A. SPENCER, of Barre.

Secretary and Treasurer: DR. E. D. FITCH, of Worcester.

Librarian: DR. E. N. FISHER, of Worcester.

Censors: { DR. C. L. NICHOLS, of Worcester.

{ DR. G. H. WILKINS, of Palmer.

{ DR. N. E. PAINE, of Westboro'.

At the afternoon session, Dr. Slocumb brought before the Society a clinical case for advice. The child was epileptic and of a scrofulous diathesis. The prognosis was unfavorable.

The following list of very interesting papers was read before the Society:—

GENERAL PARESIS WITH HÆMORRHAGIC PACHYMENINGITIS, by Dr. N. E. Paine.

HYSTERO-NEUROSIS, by Dr. L. A. Phillips.

ASTHENOPHIA, by Dr. H. K. Bennett.

NERVE-PROSTRATION, by Dr. D. B. Whittier.

THE NEED OF A PROTECTIVE BANDAGE IN KERATITIS ULCEROSA.

During the session two-thirds of the members were present at some portion of the meeting.

After discussion of the papers, the meeting adjourned at 4.10 P.M.

LAMSON ALLEN, M.D., *Secretary*.

REVIEWS AND NOTICES OF BOOKS.



A SYSTEM OF GYNECOLOGY. BY AMERICAN AUTHORS. Edited by Matthew D. Mann, A.M., M.D. Vol. II. Philadelphia: Lea Bros. & Co., 1888. 1180 pp.

This second volume of the "System," whose first volume is already justly famous, is, in every sense, a "great" book; great in its material bulk, in the perfection of its make-up, in the brilliant galaxy of famous names, which make up the list of its contributors. It is its predecessor's worthy mate, and with its predecessor furnishes a notably complete course of instruction on the gynecology of today; its theories, its surgical resources, its therapeutic possibilities, the latter, of course, from the standpoint of "rational" medicine. Among the valuable papers which go to make up the present volume, are those on Extra-Uterine Gestation, by T. Gaillard Thomas; on Tumors of the Breast, by Sam'l W. Gross; on the Hystero-Neuroses, by Geo. T. Engelmann, and so on, through a highly interesting list. Dr. Howard Kelly's contribution on Injuries and Lacerations of the Perineum and Pelvic Floor, deals practically with a most practical theme. It is noteworthy that he advocates the immediate repair of perineal lacerations. The work, as a whole, commends itself at sight as indispensable to the specialist in the branch of which it treats, and of immense interest, as well, to the general practitioner.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, M.D., LL.D. Fourth edition. New York: D. Appleton & Co., 1888. 872 pp.

Too many graduate students of medicine retain the undergraduate and very erroneous impression that physiology has been mastered for all time, when an examination in that branch of study has been successfully passed. The truth of the matter is, that some of the most valuable new facts which, from year to year, are given by investigation and experiment to the science of medicine, belong to the domain of physiology. The fact that this, the fourth edition of a deservedly popular text-book, should have to be almost entirely rewritten, and in large measure re-illustrated, to meet the advances in physiological knowledge since the first edition was issued, testifies sufficiently that the physician's study of this branch cannot cease with the acquisition of his degree. The medical graduate of ten years' standing will find in this revised edition of Dr. Flint's work, much that will be of immense and novel interest to him, the remarks

on cerebral localization being particularly fascinating reading. Dr. Flint has done his work discriminatingly, thoroughly, and impartially, and the result is one of the most solidly reliable text-books now in the field. The publishers have seen to it that the book is offered in form which leaves nothing to be desired.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. Wood, M.D., LL.D. Seventh edition. Philadelphia: J. B. Lippincott Co., 1888. 908 pp. Price, cloth, \$6.00.

It may seem paradoxical to state that here is an old-school work on therapeutics which is admirably adapted to the use of new-school physicians; to their use, we must add, for purposes of general study, and not of specific consultation in clinical exigencies. Whatever principle may be adopted for the application of drugs to diseased conditions, there can now be no reasonable question that the knowledge of the power of drugs, *per se*, their pathogenetic scope and direction, is absolutely indispensable to the medical practitioner. Accurate and detailed knowledge of this sort is obtainable in highly interesting form, from this work of Dr. Wood, of which the popularity is well testified to by the fact that the present is its seventh edition. Very complete studies are given, in connection with all the principal drugs treated of, of their pathogenetic effects, as learned from poisonings, experiments on animals, and—shades of villified Hahnemann!—on the healthy human subject. And these studies, as has been said, cannot but be of great interest to homœopathists. Interesting, too, are the chapters devoted to “remedial methods which are not drugs,” in which we find the latest word on diet, electricity, massage, etc. It is amusing to note that Dr. Wood has the courage of his prejudices, and dates all his studies of drugs, irrespective of the epoch of their introduction and employment by homœopathists, from their discovery by his own school of practice. The work is handsomely bound, and its press-work is admirable.

THE EAR AND ITS DISEASES. Being practical contributions to the study of Otology. By Samuel Sexton, M.D. New York: William Wood & Co., 1888. 461 pp.

Although this is not designed to be a systematic treatise upon diseases of the ear, and does not pretend to cover the whole field of otology, it is, nevertheless, one of the most noteworthy works upon this subject which has yet appeared. Dealing, as it does, with various phases of injury and disease, it enters much more exhaustively into their consideration than is custom-

ary, and this elaboration is really of the most practical and valuable kind, because it is the direct outcome of an unusually extended personal experience in the treatment of aural diseases by the author.

Thus there are chapters upon oral irritation, showing how dentition, dental caries, etc., disturb the health of the ears; upon wounds and injuries of the ear, wherein are discussed those commonly received in war, and those which arise from ordinary blows upon the ear, and these are discussed with practical relation to the obtaining of pensions and to medico-legal questions; chapters considering the effects upon the ear of submarine labor, and of work in tunnels and caissons where high atmospheric pressure exists; a very careful study of othæmatoma; of the connection between tinnitus aurium and hallucinations in the insane, etc.

As regards treatment in the numerous cases cited very much might be said, but it is perhaps enough to say that while it often is not the treatment which is conventional with either school of practice, it must, in many instances, be more intelligible to us than to the author's old-school colleagues.

The book is beautifully illustrated, and is worthy of a place in any library as a work of the most practical and useful description.

H. P. B.

Dr. Bellows is in New York, making a study of recent nasal operations in their relation to diseases of the ear. He will remain until Jan. 1, but returns to Boston every Wednesday, for the day only, keeping office hours from 10 to 12 A. M., and from 2 to 5 P. M. After Jan. 1 he will resume daily office hours as usual.

PRESIDENT WARREN, in an address lately issued, calls attention to the following facts concerning

BOSTON UNIVERSITY.

THE undersigned invites attention to the following statement of principles and facts, believing that they will be of interest and profit to every reader.

CERTAIN FUNDAMENTAL PRINCIPLES.

I. The Ideals of Christian Society are the highest of social ideals.

II. The Ideals of Christian Education are the highest of educational ideals.

III. The Ideals of Christian Anthropology are the highest of anthropological ideals.

CERTAIN FORMATIVE PRINCIPLES.

I. The Ideal University is not a School, nor a group of Schools, but a social Organism, a living Society, fed, and recruited and

developed by the scholastic appliances and activities which it maintains.

II. The Ideal University is of so integral, inclusive, and vital a nature that men alone, or women alone, can no more constitute and grow it than they can constitute and grow an ideal State, or Church, or Family.

III. The Ideal University is of a nature so harmoniously and cosmically adjusted that any tendency toward merely specialized training or toward the merely generalized, toward the sciences of matter or toward the sciences of mind, toward theoretical interests or toward practical, toward national aims or toward cosmopolitan ones,—works, the moment it becomes a controlling tendency, immediate deterioration, and, ultimately, disintegration and decay.

CERTAIN HISTORICAL FACTS.

I. Boston University was the first ever organized in full and deliberate recognition of all the principles above set forth.

II. In the United States it was the first to present in Theology, Law, and Medicine, uniform graded courses of instruction covering three scholastic years, and to require the full three years of study. It was also the first to open a Four Year's Course in Medicine, and to restore the long-lost Baccalaureate Degrees in Medicine and in Surgery.

III. It was the first in any part of the world to attempt the integration of the highest national forms and forces of culture by means of international university alliances.

CERTAIN STATISTICAL FACTS.

I. The past year bearers of university degrees from seventy-one American and Foreign universities, colleges, and professional schools, pursued professional and other advanced studies in Boston University. The number of such tributary institutions, both Foreign and American, is constantly increasing, and the proportion of the graduate students to the under-graduate largely exceeds that found in Harvard, Yale, Cornell, or the University of Michigan.

II. The Under-graduate work of the University is organized in Colleges, of which there are three: the College of Liberal Arts, the College of Music, and the College of Agriculture.

Departments of the University which presuppose on the part of the student a previous collegiate education are called Schools. Of these there are three, which relate respectively to Theology, Law, and Medicine; and a fourth, the School of All Sciences, in which there are more than one hundred Bachelors of Arts studying as candidates for the degree of Doctor of Philosophy.

In this general Post-graduate Department, which is intended in time to include all branches of the highest learning, hardly more than the humblest beginning has as yet been made.

III. Number of professors and lecturers the present year: one hundred and ten. Students: over eight hundred, representing twenty foreign countries. Members of the University Convocation: over two thousand. Annual income of Scholarship Funds for the aid of needy students: over ten thousand dollars. General Endowment: one million two hundred thousand dollars.

The surprisingly steady growth of the University during the last eight years is producing grave embarrassments. Additional endowments and additional buildings must be had at once.

The purpose of this announcement is to invite attention to these urgent needs, and to ask benevolent men and women of means to help in the good work of enlarging and strengthening an institution so beneficent in its workings, and so representative of all that is most precious in the eyes of the American people. Persons making their wills are particularly invited to remember the University as liberally as possible.

WILLIAM F. WARREN, *President*,

12 Somerset Street, Boston, Mass.

HANDBOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY.

Compiled and arranged by George A. Evans, M.D. New York: D. Appleton & Co., 1888. 295 pp.

The title of this excellent little work is self-explanatory. It gives a history of pulmonary consumption, from the time of Hippocrates to our own. It gives such very complete and well-arranged statistics of the distribution of the disease throughout the United States, and the apparent influence upon it of the widely varying climate in the different divisions of our vast country, that the practitioner in search of climatic benefits for his phthysical patients may be helped to an intelligent and well-founded choice. The compiler's idea is a happy one, and well carried out, and the "Handbook," we feel sure, will be widely and profitably consulted. The press-work is of the admirable sort characteristic of the publishers.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Chas. E. Sajous, M.D., and seventy associate editors. In five vols. Philadelphia and London: F. A. Davis, 1888.

These substantial and attractive volumes, forming in themselves a small medical library, offer, taken collectively, as exhaus-

tive and interesting a year-book as the practitioner can desire. All the latest facts and data, — theories, clinical cases, new discoveries and the like, either nearly or remotely related to the domain of medicine and surgery, are here collated, with editorial comment, and full guiding references to the original sources. The "seventy associate editors" are among the names best known to "rational" medicine: Loomis and Mundé, Ranney and Parvin, Sequin and Agnew, and others, counting by the score, not less distinguished. It is a "year-book" which is capable of filling the leisure of the practitioner with far more than a year's entertaining and suggestive reading. It is well and thoroughly indexed, for quick reference. Of especial interest are the "clinical data from countries where no literature exists," and whose editors lay under medical tribute such remote parts as Foo-chow, Allahabad, Teheran, and Damascus.

HAY-FEVER, AND ITS RADICAL CURE. By E. Lippincott, M.D.
Chicago: Gross and Delbridge, 1888. 76 pp.

The papers here collected are already familiar, and we do not doubt have proved of great interest and profit to readers of the *Medical Era*, in whose pages they first appeared. They deal with that most exasperating of non-fatal ills, "hay-fever," in all its aspects: etiological, pathological, and (what will be eagerly seized upon by the perplexed physician) therapeutic. The treatise is sensible, conservative, showing evidence of most painstaking investigation, and pleasantly optimistic in its belief in homœopathic means of cure. The list of remedies is not too crowded, and they are admirably, minutely, and intelligently differentiated, and their action illustrated by clinical instances. We heartily recommend the modest little book, as likely to prove a most useful counsellor.

ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE AND LANGUAGE. Vol. I. A to America. New York: John B. Alden. 630 pp.

This work, which will be issued, until complete, in monthly instalments, is quite a marvel of compactness, exhaustive information in concisest form, capital printing, and, above all, cheapness of price, being published at fifty cents a volume, bound in cloth. The size of the volumes is most convenient for easy holding and handling; and the facts they contain as available and accurate as those for which one consults vastly more expensive and pretentious works of the sort. The Cyclopædia will, when complete, form a most desirable nucleus for a general library. The binding of the volume is neat and substantial.

THE MISREPRESENTATIONS OF HOMŒOPATHY. By Thomas Nichol, M.D., LL.D., D.C.L. Montreal: Drysdale & Co., 1888.

To say that this little pamphlet is worthy its place in the series of "Montreal Tracts on Homœopathy," and worthy its author, is both high and merited praise. It is pungent in style, convincing in argument, and apt in illustration, and the physician would be hard to find who could not learn from a reading of it several facts, both new to him and richly worth knowing.

ANNALS OF THE BRITISH HOMŒOPATHIC MEDICAL SOCIETY, AND OF THE LONDON HOMŒOPATHIC HOSPITAL. London: Trübner & Co. New York: Boericke & Tafel, 1888. 514 pp.

No society report finding its way to our table is received with more cordial pleasure, or yields to reading a richer reward, than this unassuming brochure. It contains, from year to year, the records of work as thorough as it is original, couched in vivid and scholarly English, that is, in itself, a pleasure to follow. The present issue has thirteen papers on differing important topics; Dr. Pope's, on "The Therapeutics of Acute Bronchitis," being especially noteworthy, as a masterly and exhaustive study of a most practical theme. Even the most cursory perusal of these "Annals" cannot fail to give assurance that the society, in the characteristically graceful phrase of its retiring president, Dr. Hughes, is "in the van of advance, spending and being spent, for the reform in medicine which called it into being."

THE TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY AT ITS TWENTY-SECOND ANNUAL MEETING.

Our Maine *confrères* may well congratulate themselves on the showing of this interesting brochure. The papers read at the meeting, and here reproduced, are notably terse and practical, and their tone shows an honest enthusiasm for the powers of homœopathy. The defence of the "clinical test," in Dr. Gushee's paper, is perhaps rather more energetic than convincing; but the Doctor is no Laodicean in his views of things. It is noteworthy that the work of women physicians here recorded is of exceptional interest, and testifies to their ability and success in our sister state.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN, AT ITS SEVENTEENTH, EIGHTEENTH, AND NINETEENTH ANNUAL SESSIONS, is at hand. The volume is not a bulky one, it being the rule of the society not

to reprint in its "Transactions" papers which have been read before it, and afterward published in a medical journal. There are, however, many contributions of interest, and the society seems bent on earnest work in every field of medicine.

SEMI-CENTENNIAL CELEBRATION OF THE INTRODUCTION OF
HOMŒOPATHY WEST OF THE ALLEGHENY MOUNTAINS.
Edited by J. C. Burgher, M.D. Pittsburgh: 1888. 72 pp.

Homœopaths everywhere will be glad to have preserved to them, in such desirable form as that of this handsome little volume, the doings and sayings on the pleasant occasion indicated in the title. It will be remembered that the celebration was held under the auspices of the Homœopathic Medical Society of Allegheny County, Pennsylvania, at the Grand Opera House of Pittsburgh, on the afternoon of Sept. 20, 1887. Many distinguished physicians were present, and illuminated the occasion with wise thoughts or pleasant rhymes, all of which are here reproduced; together with, what we are sure will be of sincere and permanent interest, well-executed steel engravings of all the speakers and of others connected, memorially and otherwise, with the celebration. The commemorative volume is, we take great pleasure in chronicling, as thorough a success as was the occasion itself.

OTIS CLAPP AND SON'S VISITING LIST AND PRESCRIPTION RECORD, is, beyond a doubt, the most convenient and useful book for daily records offered to the homœopathic profession. Its issue for 1889, now before us, has all the admirable features which have, in the past, won it such marked favor with our practitioners. It is in "perpetual form," arranged for thirty patients per week (price \$1.25), or for sixty patients (price \$1.50). Its preface has all kinds of useful memoranda for quick reference: poisons and antidotes, obstetric table, hints on pulse and temperature, etc. It is handsomely and substantially bound. An old and valued companion of our own, we cordially commend it to others.

THE MEDICAL NEWS VISITING LIST. 1889. Philadelphia:
Lea Bros. & Co. 224 pp.

This now familiar "visiting list" is, as in the past, a thoroughly handsome and well-gotten-up little book. Its preface gives useful notes on a surprising variety of subjects: such as the newer remedies of the "rational" school, ligation of arteries, weights and measures, ordinary and metric, etc. An erasable tablet adds to the convenience of the book, which is very ornamentally bound. It is offered in three forms: weekly, dated; monthly, undated, and perpetual, undated. The price is \$1.25.

THE PHYSICIAN'S VISITING LIST FOR 1889. Philadelphia: P. Blakiston, Son & Co.

This is a well-known little book, testifying to its popularity by the fact that this is its thirty-eighth annual appearance. It is "dated," neatly bound, and has much useful information, including illustrative cuts for "emergency" action.

The November CENTURY is exceptionally rich in excellent verse; either the delicious dialect rhyme of Edwards' "Mammy's Li'l Boy," or Whitcomb Riley's "The Hills of Somerset," or Edith Thomas' "Evening Among the Foot-Hills," being sufficient in itself to give distinction to the issue. Cable introduces, with a very tempting preface, his "Strange True Stories of Louisiana"; Mrs. Catherwood begins what promises to be the refreshingly fresh and brilliant tale, "The Romance of Dollard." The Life of Lincoln deals with "Jackson's Valley Campaign"; and with the exception of the short story "Mistaken Premises," which strikes us as singularly coarse, both in *motif* and handling, the number is almost beyond criticism. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for November, dips into politics with Chas. Ashley's article on "The Effects of Protection"; into archæology with Mr. McGee's contribution on "Paleolithic Man in America," and into ethics with Mr. Smiley's "Altruism Economically Considered." It has many articles on more strictly scientific subjects; and is, as always, well-edited and readable. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

PYROGENIUM. SEPSIN PYROGEN. MESSRS. OTIS CLAPP & SON have received a supply of this remedy from London, and can furnish the same in the sixth decimal dilution at regular prices.

C. S. MACK, M.D., has removed from Boston to Chicago, where he has located at the corner of 57th Street and Lake Avenue, opposite South Park station.

ELOISE A. SEARS, M.D., class of '88, B. U. S. of M., is associated in practice with Dr. C. M. Nordstrom at Malden, Mass.

DR. E. L. CRANDALL has removed from the corner of Fifth Avenue and Grand Street to No. 78 Fourth Street, in Troy, N.Y.

DR. W. H. WHITTEMORE has been appointed physician for "Out Patients' Department" of the Providence Homœopathic Dispensary.

DR. TIFFT BECKWITH has succeeded Dr. Wm. Von Gottschalck, and taken the offices recently occupied by him at 265 Benefit Street, Providence, R.I.

DR. E. D. L. PARKER has built a very nice house, with offices connected, at 218 Benefit Street, Providence.

DR. CHAS. L. GREEN, of Providence, R.I., has given up his residence on Broadway, and his office on Aborn Street, and combined the two at 99 High Street, where he has very pleasant and roomy quarters.

DR. C. J. HASBROUCK, formerly of New York City, has succeeded Dr. T. N. Shipman in practice at Bristol, R.I.

DR. MARY E. GRADY, who has been associated with Dr. Bushrod W. James in Philadelphia, has removed to 436 Monroe Street, Brooklyn, N.Y. She is a graduate of the N.Y. Ophthalmic and Aural Hospital, and has been the Eye and Ear Assistant of Dr. Bushrod W. James for the past two and a half years.

FOUR BOOKS LEARNED IN ONE READING.

A year's work done in ten days. From the Chaplain of Exeter College, and Houghton Syriac Prizeman, Oxford.

COLL. EXON. OXON. Sept. 1888.

Dear Sir: In April, 1885, while thinking of taking orders in September, I suddenly received notice that my ordination examination would be held in a fortnight. I had only *ten* (10) days in which to prepare for the Exam. I should recommend a *year's* preparation in the case of anyone so utterly unprepared as I was; but your *System had so strengthened my natural memory* that I was able to remember and give the gist of any *book after reading it once*. I therefore read Lightfoot, Proctor, Harold Browne, Mosheim, etc., etc., *once*, and was *successful in every one of the nine papers*. The present Bishop of Edinburgh knows the facts. Faithfully yours,

[Rev.] JAMES MIDDLETON MACDONALD. [M.A.]

To Prof. A. Loissette, 237 Fifth Ave., N.Y.

Perfectly taught by correspondence. Send for prospectus.

NOTHING BUT AN AUTOMATIC ACCOUNTANT CAN BEAT IT.

This is what the physicians using Bernd's Registers say of them, and having seen their practical working, we are prepared to add that we concur in the opinion. Two years since, this book was not known to the profession; now it is in use generally through the United States and Canada. While the authors have every reason to congratulate themselves upon the perfection of the system, the profession, recognizing the unquestioned merit of the same, have not been slow in adopting it almost universally. See the ad. of Messrs. Henry Bernd & Co., on another page.

MISCELLANY.

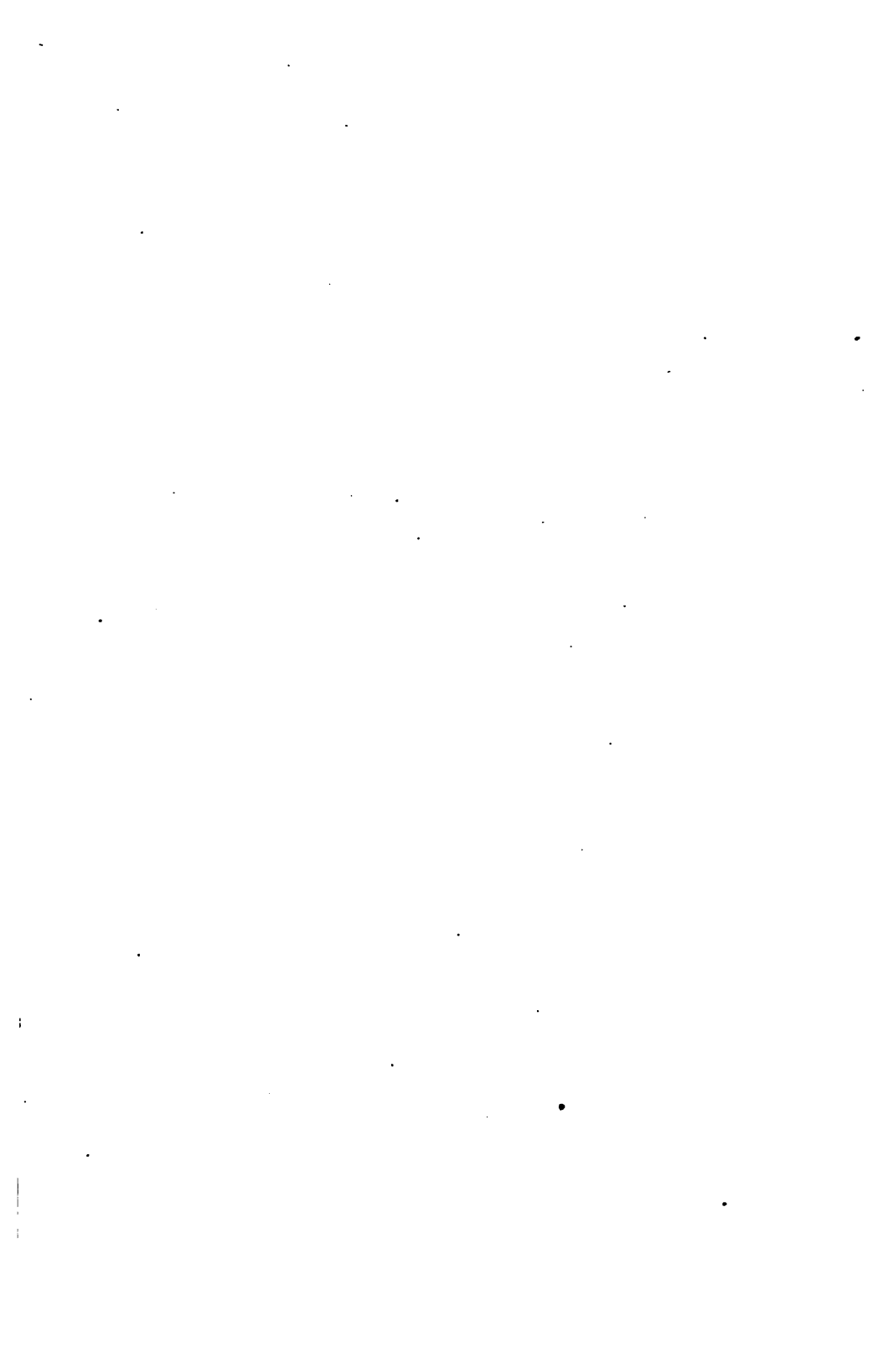
APPROPOS of nothing, a funny story is told by a clergyman who has no especial medical bias. While riding in a street-car not long since, he found himself *vis-a-vis* with a prominent physician. The latter attacked him at once on the bigotry characteristic of the cloth: "Now, we in the medical profession," he said, "are broader and more liberal-minded than you. We learn to look on all sides of a subject; we see more of men; and if we find ourselves growing narrow, we visit the hospitals, and see the methods of practice employed by other physicians."

"Of both schools, of course?" interrupted Clericus, with naïveté.

"We recognize but *one school*," was the frigid response, demonstrating rather amusingly the truth of Lord Grimthorpe's assumption that there exists in fact an *odium medicum*. — *Phys. and Surg. Investigator*.

A MAN put some chlorate of potassium and friction matches in his pocket. By the time he had settled their little difficulties he required surgical treatment for a burn. — *Med. Era*.

COCAINE IN DISLOCATIONS. — A most valuable use for cocaine has been discovered by Dr. Grigorieff (Meditzinskai Obozrenye). In the reduction of dislocations he injects fifteen minims of a five-per-cent solution into three or four points around the joint. In less than five minutes the anæsthetization of the joint is complete, and the muscles are relaxed. Reduction can then be induced easily and without pain. — *Chicago Med. Times*.



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